

Before Starting the CoC Application

The CoC Consolidated Application is made up of three parts: the CoC Application, the Project Listing, and the Project Applications. The Collaborative Applicant is responsible for submitting two of these sections. In order for the CoC Consolidated Application to be considered complete, each of these two sections **REQUIRES SUBMISSION**:

- CoC Application
- Project Listing

Please Note:

- Review the FY2013 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the application forms in e-snaps.
- As a reminder, CoCs are not able to import data from the 2012 application due to significant changes to the CoC Application questions. All parts of the application must be fully completed.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1A-1 CoC Name and Number: NJ-503 - Camden City & County CoC

1A-2 Collaborative Applicant Name: Community Planning and Advocacy Council (CPAC)

1A-3 CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1B-1 How often does the CoC conduct meetings of the full CoC membership? Monthly

1B-2 How often does the CoC invite new members to join the CoC through a publicly available invitation? Monthly

IB-3 Does the CoC include membership of a homeless or formerly homeless person? Yes

1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership? Organizational employee
Select all that apply.

1B-5 Does the CoC’s governance charter incorporate written policies and procedures for each of the following:

1B-5.1 Written agendas of CoC meetings?	Yes
1B-5.2 Centralized or Coordinated Assessment System?	No
1B-5.3 Process for Monitoring Outcomes of ESG Recipients?	No
1B-5.4 CoC policies and procedures?	No
1B-5.5 Written process for board selection?	Yes
1B-5.6 Code of conduct for board members that includes a recusal process?	Yes
1B-5.7 Written standards for administering assistance?	No

1C. Continuum of Care (CoC) Committees

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1C-1 Provide information for up to five of the most active CoC-wide planning committees, subcommittees, and/or workgroups, including a brief description of the role and the frequency of meetings. Collaborative Applicants should only list committees, subcommittees and/or workgroups that are directly involved in CoC-wide planning, and not the regular delivery of services.

	Name of Group	Role of Group (limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented
1C-1.1	CoC Executive Committee	The responsibilities of the Executive Board include monitor the implementation of SNJCoC 10 Year Plan to End Chronic Homelessness, set program performance standards and monitoring policies for project, establish policies for prioritizing project to be funded, review and approve referrals from the performance and evaluation committee for new and renewal projects for the HUD application, review and approve recommendations from all subcommittees, hire, or contract with, professional organizations at least annually, review fiscal and programmatic reports, review and make final decision on all appeals	Monthly	Gloucester Human Services, Camden Community Development, Cumberland Homeless Services, Camden City Community Development, Center for Family Services, CPAC, Robin's Nest, Volunteers of America, Coalition of HealthCare Providers, Cathedral Kitchen
1C-1.2	Mainstream Resources & Access to Services	The Mainstream Resources & access to Services Committee is responsible for developing a systematic approach for helping homeless individuals and families access services and enroll in mainstream benefits. This committee shall review existing services in the SNJCoC Service Area, identify gaps in services to homeless households currently in the system and those not currently in the system who are in need or will be in need of services. The committee is also responsible for reviewing the ten year plan and evaluating progress toward meeting goals related to mainstream resources and access to services	Monthly	Camden County OEO, Robin's Nest, Center for Family Services

1C-1.3	Permanent Housing	The Permanent Housing Committee is responsible for designing and implementing a strategic plan to reduce and end homelessness through the provision of permanent, subsidized and other affordable housing for homeless households and those at risk of becoming homeless. The Committee shall coordinate with local housing providers to review the SNJCoC's need for emergency, transitional and permanent housing and to develop a systematic plan for meeting those needs. This committee is also responsible for reviewing the Ten Year plan and evaluating progress towards meeting the SNJCoC's goals related to the provision of permanent housing	Monthly	Camden County Community Development, Volunteers of America, Camden County OEO, Center for Family Services
1C-1.4	Discharge Planning	The Discharge Planning Committee is responsible for coordinating with other community organizations that work with homeless individuals and families to evaluate discharge policies used in and affecting SNJCoC and for designing a collaborative approach to discharge planning, including developing SNJCoC Service area discharge policy. This committee is also responsible for reviewing the ten year plan and evaluating progress towards meeting goals related to discharge planning	Monthly	Volunteers of America and Camden Coalition of Health Care Providers, with additional members being recruited
1C-1.5	Education and Youth	The Education & Youth Committee is responsible for coordinating with local school districts and other organizations providing services for homeless youth in order to review existing services for homeless youth, assess needs, identify gaps, and develop a coordinated SNJCoC Service Area plan to improve outcomes for children & youth. This Committee is also responsible for reviewing the Ten Year Plan and evaluating progress toward meeting the SNJCoC's goals for the provision of services to homeless children & youth	Monthly	Center for Family Services, CPAC, Camden City Community Development, Volunteers of America, Robin's Nest

**1C-2 Describe how the CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area when establishing the CoC-wide committees, subcommittees, and workgroups.
(limit 750 characters)**

The CoC has several standing sub-committees identified in the CoC by-laws; established through the by-laws sub-committee with feedback from the larger CoC membership. The standing committees were developed to coincide with the major areas of focus for strategic planning activities. The CoC establishes additional workgroups according to needs that may arise or through suggestions from community stakeholders and CoC membership.

The consumer Advocacy committee was established to ensure the voices of the homeless and formerly homeless were incorporated into the planning process. To expand the knowledge base and expertise of the CoC, each community has recruited homeless and formerly homeless individuals to this committee.

1D. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1D-1 Describe the specific ranking and selection process the CoC uses to make decisions regarding project application review and selection, based on objective criteria. Written documentation of this process must be attached to the application along with evidence of making the information publicly available. (limit 750 characters)

The CoC review committee solicits proposals from agencies interested in receiving CoC funding for new and renewal projects. The request for proposal was sent out via email to the various county list serves and was made available on the CoC Lead Agency’s websites. The request for proposals included the application, scoring criteria, and funding priorities.

Interested agencies submitted applications containing project information, performance, agency experience and participation in the planning process.

The review committee evaluated the applications submitted along with performance data from HMIS. The committee scored each application based on the merits of the proposal and the project performance.

1D-2 Describe how the CoC reviews and ranks projects using periodically collected data reported by projects, conducts analysis to determine each project's effectiveness that results in participants rapid return to permanent housing, and takes into account the severity of barriers faced by project participants. Description should include the specific data elements and metrics that are reviewed to do this analysis. (limit 1000 characters)

The CoC utilized data from HMIS and APRs to evaluate project performance. In addition, the review committee reviewed monitoring reports from site visits within the previous 12 months. The committee looked at HMIS and APR data from 10/1/2012 -9/30/2013. This data is reviewed annually during the local application process.

The CoC evaluates increase in income, average length of program stay, movement to permanent housing and whether the project serves the neediest population. In addition, the CoC looks at HMIS data quality and program utilization rates.

The HMIS Lead provides the above identified data to the review committee annually. Project performance directly impacts the program selection and rank.

1D-3 Describe the extent in which the CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions. (limit 750 characters)

The CoC's open solicitation process requested proposals from new and renewal programs interested in CoC funding. New projects were restricted to permanent housing programs seeking rental assistance, leasing or capital funds. Agencies interested in funding for new projects must submit an application by the identified deadline. New projects are evaluated on agency experience, type of program, target population, participation in local planning and ability to leverage funds. The CoC is committed to ensuring funding opportunities for new agencies.

1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application. 02/18/2014

1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted?

1D-6 Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes? Yes

1D-6.1 If no, briefly describe each of the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or removed, identify the applicant name, project name, and grant number. (limit 1000 characters)

1D-7 Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the last 12 months? Yes

1D-7.1 If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved. (limit 750 characters)

Three programs appealed the review committee decision to defund their projects. The agencies submitted formal letters to the Executive Committee. The Executive Committee held a special meeting to discuss the appeals and made a final determination. Each program received a letter from the chair of the executive committee indicating the final decision of the group. Two agencies appeal were denied because they failed to meet the local application deadline and the appeal deadline. One agencies failed to provide appropriate reasons to continue supporting SSO projects with poor performance. The final letters were sent to the agencies on 1/13/2014.

1E. Continuum of Care (CoC) Housing Inventory

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1E-1 Did the CoC submit the 2013 HIC data in Yes
the HDX by April 30, 2013?**

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2A-1 Describe how the CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2010 HMIS Data Standards and related HUD Notices. (limit 1000 characters)

The CoC is part of a statewide HMIS collaborative and appoints two CoC members to sit on a Statewide HMIS Advisory Council. The Council is charged with providing oversight and monitoring of the HMIS Lead Agency to ensure compliance with program regulations as currently outlined in the CoC interim regulations and the HMIS Data Standards published in 2010. The Council reviews and approves all HMIS policies and procedures, data quality, privacy and security plans and ensures the system meets all data standards as released by HUD. The CoC Executive Committee reviews the HMIS policies & procedures, data quality standards, privacy plan and security plan annually. In addition the CoC data committee reviews these documents and solicits feedback from end users to provide additional recommendations to improve/streamline HMIS implementation/administration. The feedback is communicated to the HMIS Lead Agency and HMIS Advisory Council at bi-monthly meetings. The Advisory Council representatives oversee the data committee and review HMIS policies and procedures and the impact on local implementation.

2A-2 Does the governance charter in place between the CoC and the HMIS Lead include the most current HMIS requirements and outline the roles and responsibilities of the CoC and the HMIS Lead? No If yes, a copy must be attached.

2A-3 For each of the following plans, describe the extent in which it has been developed by the HMIS Lead and the frequency in which the CoC has reviewed it: Privacy Plan, Security Plan, and Data Quality Plan. (limit 1000 characters)

The HMIS Lead developed the Privacy Plan, Security Plan and Data Quality plan in 2004 at the time of the establishment of the MHIS collaborative. Since that time, the plans have been reviewed annually by the HMIS Lead agency to ensure compliance with HUD regulations. Revisions to the plans were made in 2013 and additional revisions will be proposed to the Security Plan will be proposed in 2014.

The HMIS Advisory Council oversees implementation as well as the policies and procedures for the statewide HMIS. The Council is composed of two representatives from each participating CoC. The representatives are empowered to make decisions on behalf of the CoC. The Advisory Council Representatives are responsible for reviewing all policies and procedures and sharing the information with the larger CoC body.

The plans are reviewed and approved by the Advisory Council on an annual basis. In addition, the HMIS Lead conducts an annual audit of the HMSI vendor's security standards to assure they meet the standards set forth in the NJHMIS Policies and Procedures Manual. The HMIS Lead conducts an audit of all CHOs to ensure compliance with the plans adopted by the Advisory Council.

2A-4 What is the name of the HMIS software selected by the CoC and the HMIS Lead? AWARDS
Applicant will enter the HMIS software name (e.g., ABC Software).

2A-5 What is the name of the HMIS vendor? Foothold Technology, Inc.
Applicant will enter the name of the vendor (e.g., ESG Systems).

2A-6 Does the CoC plan to change the HMIS software within the next 18 months? No

2B. Homeless Management Information System (HMIS) Funding Sources

2B-1 Select the HMIS implementation coverage area: Regional (multiple CoCs)

2B-2 Select the CoC(s) covered by the HMIS: (select all that apply) NJ-516 - Warren, Sussex Hunterdon Counties CoC, NJ-515 - Elizabeth/Union County CoC, NJ-520 - Cumberland County CoC, NJ-518 - Ocean City/Cape May County CoC, NJ-512 - Salem County CoC, NJ-511 - Paterson/Passaic County CoC, NJ-514 - Trenton/Mercer County CoC, NJ-513 - Somerset County CoC, NJ-500 - Atlantic City & County CoC, NJ-502 - Burlington County CoC, NJ-504 - Newark/Essex County CoC, NJ-503 - Camden City & County CoC, NJ-506 - Jersey City/Bayonne/Hudson County CoC, NJ-505 - Gloucester County CoC, NJ-508 - Monmouth County CoC, NJ-510 - Lakewood Township/Ocean County CoC, NJ-509 - Morris County CoC

2B-3 In the chart below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-3.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$50,026
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$50,026

2B-3.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0

Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$0

2B-3.3 Funding Type: State and Local

Funding Source	Funding
City	\$0
County	\$0
State	\$11,849
State and Local - Total Amount	\$11,849

2B-3.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$0
Private - Total Amount	\$0

2B-3.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$10,675
Other - Total Amount	\$10,675

2B-3.6 Total Budget for Operating Year	\$72,550
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2B-4 How was the HMIS Lead selected by the CoC? Agency Volunteered

2B-4.1 If other, provide a description as to how the CoC selected the HMIS Lead. (limit 750 characters)

2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2C-1 Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:

* Emergency shelter	86%+
* Safe Haven (SH) beds	Housing type does not exist in CoC
* Transitional Housing (TH) beds	86%+
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Supportive Housing (PSH) beds	86%+

2C-2 How often does the CoC review or assess its HMIS bed coverage? Annually

2C-3 If the bed coverage rate for any housing type is 64% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

2C-4 If the Collaborative Applicant indicated that the bed coverage rate for any housing type was 64% or below in the FY2012 CoC Application, describe the specific steps the CoC has taken to increase this percentage. (limit 750 characters)

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2D-1 For each housing type, indicate the average length of time project participants remain in housing. If a housing type does not exist in the CoC, enter "0".

Type of Housing	Average Length of Time in Housing
Emergency Shelter	79
Transitional Housing	7
Safe Haven	0
Permanent Supportive Housing	48
Rapid Re-housing	0

2D-2 Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2013 for each Universal Data Element listed below.

Universal Data Element	Percentage
Name	0%
Social security number	0%
Date of birth	5%
Ethnicity	0%
Race	1%
Gender	0%
Veteran status	0%
Disabling condition	0%
Residence prior to program entry	0%
Zip Code of last permanent address	8%
Housing status	1%
Head of household	0%

2D-3 Describe the extent in which HMIS generated data is used to generate HUD required reports (e.g., APR, CAPER, etc.). (limit 1000 characters)

The HMIS software, AWARDS, has the capability to generate information for the HUD required reports. CoC funded programs pull APR information directly from the HMIS using a pre-set report format in the system. Information for the CAPER regarding sheltered homeless households is pulled directly from HMIS.

2D-4 How frequently does the CoC review the data quality in the HMIS of program level data? Quarterly

2D-5 Describe the process through which the CoC works with the HMIS Lead to assess data quality. Include how the CoC and HMIS Lead collaborate, and how the CoC works with organizations that have data quality challenges. (Limit 1000 characters)

The CoC has empowered the HMIS Lead to review program and client level data quality and address any issues that may arise. The HMIS Lead conducts on-going data quality analysis and works directly with agencies and programs when data quality issues arise. The CoC Lead Agency is notified when significant data quality issues arise.

The CoC reviews data quality on a semi-annual basis through standard reporting features in the system. These data quality reviews are tied to ensuring an accurate AHAR reporting and program review during the annual project selection process.

According to the MOU signed between the CoC and HMIS Lead agency, the Lead is responsible for submitting quarterly data quality reports on all participating programs to the CoC Lead and the CHOs.

When a program is found to have poor data quality, the HMIS Lead works with the agency to identify the issues impacting data quality. The HMIS Lead provides technical assistance, training and consultation with the HMIS Vendor to help improve data quality and correct information in the system

2D-6 How frequently does the CoC review the data quality in the HMIS of client-level data? Monthly

2E. Homeless Management Information System (HMIS) Data Usage and Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2E-1 Indicate the frequency in which the CoC uses HMIS data for each of the following activities:

* Measuring the performance of participating housing and service providers	Monthly
* Using data for program management	Monthly
* Integration of HMIS data with data from mainstream resources	Never
* Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.)	Never

2F. Homeless Management Information System (HMIS) Policies and Procedures

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2F-1 Does the CoC have a HMIS Policy and Procedures Manual? If yes, the HMIS Policy and Procedures Manual must be attached. Yes

2F-1.1 What page(s) of the HMIS Policy and Procedures Manual or governance charter includes the information regarding accuracy of capturing participant entry and exit dates in HMIS? (limit 250 characters)

Policies and Procedures Manual, pages 27, 28, and 34

2F-2 Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

2G. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/30/2013

2G-2 If the CoC conducted the sheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX: 04/30/2013

2G-4 Indicate the percentage of homeless service providers supplying sheltered point-in-time data:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	100%	100%	0%
Transitional Housing	0%	100%	100%	0%
Safe Havens	0%	100%	100%	0%

2G-5 Comparing the 2012 and 2013 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and then describe the reason(s) for the increase, decrease, or no change. (Limit 750 characters)

Camden, Gloucester and Cumberland County have created a newly merged CoC. Each of these communities conducted the count separately in 2013. The combined counts for the three communities indicate there was a 1% increase in the total sheltered population from 825 persons in 2012 to 835 persons in 2013.

This increase is related to increased outreach efforts in each community to identify unsheltered households. Outreach teams have worked to connect people with sheltering programs.

2H. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2H-1 Indicate the method(s) used to count sheltered homeless persons during the 2013 point-in-time count:**

Survey providers:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

2H-2 If other, provide a detailed description. (limit 750 characters)

Agencies encouraged their clients to attend and inform their peers of the Project Homeless Connect Event where they could be linked to services and interviewed to be counted as part of the PIT count.

Providers completed surveys based on client files as well as in person interview with each client in the program the night of the count.

2H-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

All shelter and transitional housing programs participated in the PIT Count. Agencies used a standard survey to collect data. Each agency conducted in person interviews, reading the questions and recording answers for homeless households

Select programs with large numbers of homeless households in scattered site placements completed the survey using client records and/or phone interviews.

Homeless individuals attending project homeless connect events were interviewed by trained surveyors. Interviewers asked respondents if they completed a survey in another location prior to starting the process.

All staff and volunteers completing the surveys received extensive training. In addition to trainings, a PIT user guide was available to surveyors to help explain the data collection process.

2I. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Data Collection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2I-1 Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:**

HMIS:

HMIS plus extrapolation:

Sample of PIT interviews plus extrapolation:

Sample strategy:
(if Sample of PIT interviews plus extrapolation is selected)

Provider expertise:

Interviews:

Non-HMIS client level information:

Other:

**2I-2 If other, provide a detailed description.
(limit 750 characters)**

**2I-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate.
(limit 750 characters)**

All surveyors completed training which included review of the HUD definition of homelessness and subpopulations, review of survey questions and methods for completing the survey.

The survey included questions about to the history of service use and current needs. Other personal information was requested to determine sub-population data for each person interviewed.

A few select providers completed surveys using case files. Sub-population information was completed on the survey based on case records.

All providers sheltering homeless households completed a PIT survey for each adult member of the household. Providers used their expertise and knowledge of the household to complete survey questions concerning sub-population information. Provider expertise was used in conjunction with interviews of homeless households.

2J. Continuum of Care (CoC) Sheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

* 2J-1 Indicate the methods used to ensure the quality of the data collected during the sheltered point-in-time count:

Training:	X
Follow-up	
HMIS:	
Non-HMIS de-duplication :	X
Other:	X

2J-2 If other, provide a detailed description. (limit 750 characters)

The specialized on-line database contained system features that required the completion of each survey question before agencies could successfully submit the survey. In addition, the surveys contained unique, confidential identifying information which allowed for the identification of duplicate surveys. All of the surveys were coded by agency and program to allow for follow up if necessary.

2J-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

All surveyors completed training which included review of the HUD definition of homelessness, review of each question and method for completing the survey and practice interviews.

All surveys were coded by agency and program/location to enable verification against HMIS data. Large discrepancies between HMIS data and survey data were flagged and the CoC lead followed up with the appropriate agencies/programs. Each survey was hand screened prior to entering information into the centralized online database. The database used unique identifying information contained on each survey to flag duplicates. All duplicate surveys were reviewed and follow-up conducted with interviewing agencies to verify the data entered. All verified duplicate surveys were removed.

2K. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2K-1 Indicate the date of the most recent unsheltered point-in-time count: 01/30/2013

2K-2 If the CoC conducted the unsheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX: 04/30/2013

2K-4 Comparing the 2013 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the specific reason(s) for the increase, decrease, or no change. (limit 750 characters)

Camden, Gloucester and Cumberland County have created a newly merged CoC. Each of these communities conducted the count separately in 2013. The combined counts for the three communities indicate there was a 27% increase in the total unsheltered population from 145 persons in 2012 to 185 persons in 2013.

This increase is related to increased outreach efforts in each community to identify unsheltered households. Camden and Gloucester county have begun outreach to identified encampments throughout the community and work to connect these individuals and families with resources available.

2L. Continuum of Care (CoC) Unsheltered Point-in-Time Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2L-1 Indicate the methods used to count unsheltered homeless persons during the 2013 point-in-time count:**

Public places count:	<input type="checkbox"/>
Public places count with interviews on the night of the count:	<input checked="" type="checkbox"/>
Public places count with interviews at a later date:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

2L-2 If other, provide a detailed description. (limit 750 characters)

Agencies encouraged their clients to attend and inform their peers of the Project Homeless Connect Event where they could be linked to services and interviewed to be counted as part of the PIT count.

2L-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the unsheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

All persons participating in the PIT count received extensive training. The training included sample interviews with currently homeless individuals as well as the homeless definition and sub-population definitions to ensure that each PIT interviewer had the expertise and knowledge to complete the survey correctly.

Special outreach teams were organized to conduct the street/public places count.

Several Project Homeless Connect sites were set up throughout the region where attendees were interviewed and received information, were connected to agencies and received give-aways.

In addition, surveys were completed at known service based locations where the unsheltered homeless are known to congregate. These locations included libraries, hospital emergency rooms, and soup kitchens/food pantries.

2M. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Level of Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2M-1 Indicate where the CoC located unsheltered homeless persons during the 2013 point-in-time count: Known Locations

2M-2 If other, provide a detailed description. (limit 750 characters)

2N. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2N-1 Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population count:**

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

**2N-2 If other, provide a detailed description.
(limit 750 characters)**

All surveys were entered into an online survey tool that required an answer to every question before the survey could be successfully submitted. The on-line tool stored survey information for all surveys submitted within the CoC allowing for comparison of survey responses and de-duplication.

**2N-3 For each method selected, including other, describe how the method was used to reduce the occurrence of counting unsheltered homeless persons more than once during the 2013 point-in-time count. In order to receive credit for any selection, it must be described here.
(limit 750 characters)**

All Surveyors completed training which included practice interviews, review of the HUD definitions for homelessness and subpopulations and review of each question and data collection methods.

The survey included questions regarding whether the person was included on another survey as well as confidential identifying information such as age, gender and initials.

Surveys were coded by agency and location. Each survey was hand screened prior to entry in the online database. The database used the unique identifying information to flag duplicates. Surveys flagged as duplicate were evaluated. Utilizing the agency code information, follow-ups with agencies were conducted to determine the possibility of duplication. All surveys determined to be duplicates were removed.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 1: Increase Progress Towards Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.

3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		198	335	330
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	115	115	122	132
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		24	20	20
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		10%	15%	15%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		7	10	10

3A-1.2 Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (limit 1000 characters)

In 2013, 96 individuals and 6 families were identified as chronically homeless during the Point-in-Time count. Of the 115 beds dedicated to the chronically homeless, 38 are available and currently vacant. Over the next 2 years the CoC will take the following actions to increase permanent housing for the chronically homeless:

1. New CoC funds will be prioritized for the Chronically Homeless. During the FY2013 process funding has been reallocated to create 7 new units of permanent housing. By 2015, the CoC intends to create 20 new units of permanent housing through reallocation
2. The CoC is working with all permanent housing providers to secure a commitment to prioritize chronically homeless individuals and families at turnover. The CoC has secured 8 units that will be prioritized for the chronically homeless at turnover
3. The CoC will monitor the rapid lease up of 38 recently awarded vouchers dedicated to the chronically homeless

3A-1.3 Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness. (limit 1000 characters)

The CoC review committee will be responsible for identifying the amount of funding available for reallocation through review of the currently funded CoC projects. The review committee will look at program performance, compliance and budget with regards to actual costs versus total amount awarded. The review committee will determine if there are any program savings that can be repurposed for new permanent housing projects for the chronically homeless.

Camden County Council on Economic Opportunity, Inc, and the Community Planning and Advocacy Council have agreed to prioritize a portion of their PSH beds for chronically homeless households. Both agencies will be responsible for ensuring beds are provided to chronically homeless persons at turnover.

Collaborative Support Programs of New Jersey will administer the 7 new PSH vouchers for chronically homeless individuals awarded through the FY2013 application.

The SNJCoC Executive Committee will monitor agency progress in achieving these goals.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 2: Increase Housing Stability

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013? Yes

3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	152	194	244
3A-2.2b Enter the total number of participants that remain in CoC-funded funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	141	165	208
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	93%	85%	85%

3A-2.3 Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)

The SNJCoC has adopted a housing stability standard where 85% of program participants should remain stable in permanent housing. The CoC will implement the following strategies:

1. Examine requirements for PSH programs and identify project standards that may be difficult for participants to meet in order to maintain housing. The CoC will establish a standard way of operating PSH programs and ensure there are programs with low barriers in the CoC. The CoC will work with PSH programs to ensure requirements are appropriate for the population served
2. Establish community standards that require all PSH programs to provide case management that includes housing stabilization services.
3. Host landlord training sessions for landlords providing units funded with CoC dollars. Landlords will learn about the CoC funded programs and the populations served. They will learn about the local plan to end homelessness and their role in the process

3A-2.4 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC-funded projects. (limit 1000 characters)

The Permanent Housing Sub-Committee will be responsible for development of community standards for the operation of permanent supportive housing and efforts to connect with landlords in the community.

The CoC review Committee will be responsible for monitoring program performance as it relates to housing stability.

Each CoC funded PSH agency will be responsible for ensuring program requirements and services provided are focused on helping program participants maintain housing stability.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 3: Increase project participants income

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-3.1 Number of adults who were in CoC- funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013: 806

3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	3%	12%	20%
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	11%	35%	54%

3A-3.3 In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1	
Earned Income	62	7.69	%
Unemployment Insurance	13	1.61	%
SSI	117	14.52	%

SSDI	61	7.57	%
Veteran's disability	11	1.36	%
Private disability insurance	0		%
Worker's compensation	0		%
TANF or equivalent	16	1.99	%
General Assistance	338	41.94	%
Retirement (Social Security)	5	0.62	%
Veteran's pension	3	0.37	%
Pension from former job	0		%
Child support	4	0.50	%
Alimony (Spousal support)	0		%
Other Source	5	0.62	%
No sources	182	22.58	%

3A-3.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above. (limit 1000 characters)

The CoC will work with all funded programs to ensure they are connecting program participant with cash benefits. The CoC has established a goal of 54% of program participants exit programs with non-employment income. Agencies in the community aggressively work to connect participants with the cash benefits for which they are eligible even before program entry. As a result of this work, participants are already connected to benefits and do not typically see an increase in income from non-employment sources. In this past year 76% of program participants were connected with some form of income. The CoC will employ the following strategies to continue connecting participants to cash benefits:

1. Expand the SOAR program to cover the entire CoC geographic region.
2. Require CoC funded programs to provide case management services that include connecting participants to mainstream benefits
3. Work with the local Boards of Social Services to streamline the process for accessing and approving benefits.

3A-3.5 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

The CoC has established a local goal of ensuring 20% of program participants have employment income at program exit. In order to achieve this standard, the CoC will implement the following strategies and action steps:

1. Work with the local Workforce Investment Board to create a special program for homeless households. The services provided to those households will be tailored to the specific needs of the homeless
2. Develop an employment mentoring program in which currently homeless individuals have an opportunity to volunteer with companies in the area to gain the hands on experience and connections to move into employment opportunities
3. Work with the local vocational schools to create training programs for homeless individuals at a reduced fee.

3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. (limit 1000 characters)

The CoC review committee will evaluate program performance in connecting program participants with income from a variety of sources.

The Mainstream Resources & Access to Services Committee will work with the local Boards of Social Services, WIBs and community agencies to develop streamlined processes and programs that better serve the needs of the homeless.

The Executive Committee will be responsible for oversight of all strategies identified above.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 4: Increase the number of participants obtaining mainstream benefits

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to obtain mainstream benefits is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-4.1 Number of adults who were in CoC- 806 funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	82%	65%	65%

3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	522	64.76 %
MEDICAID health insurance	411	50.99 %
MEDICARE health insurance	52	6.45 %
State children's health insurance	1	0.12 %
WIC	7	0.87 %

VA medical services	69	8.56	%
TANF child care services	0		%
TANF transportation services	0		%
Other TANF-funded services	0		%
Temporary rental assistance	3	0.37	%
Section 8, public housing, rental assistance	5	0.62	%
Other Source	5	0.62	%
No sources	153	18.98	%

3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

The CoC works to ensure all participants enrolled in programs are connected with the mainstream benefits for which they are eligible. The CoC will employ the following strategies over the next two years to increase access to mainstream benefits:

1. Require every program to utilize a benefits specialist who assists households in determining the benefits for which they are eligible.
2. Ensure each household assisted in the CoC accesses the NJHelps website to prescreen for benefits and complete applications
3. Work with the local board of social services to identify point person to assist homeless households in accessing mainstream benefits

3A-4.5 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit. (limit 1000 characters)

The CoC review committee will evaluate program performance in connecting program participants with income from a variety of sources.

The Mainstream Resources & Access to Services Committee will work with the local Boards of Social Services and community agencies to develop streamlined processes and services that better serve the needs of the homeless in helping them access mainstream benefits.

The Executive Committee will be responsible for oversight of all strategies identified above.

3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 5: Using Rapid Re-Housing as a method to reduce family homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Rapid re-housing is a proven effective housing model. Based on preliminary evidence, it is particularly effective for households with children. Using HMIS and Housing Inventory Count data, populate the table below.

3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0	0	0
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	2	38	40
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	6	16	20

3A-5.2 Describe the CoC's two year plan (2014-2015) to increase the number homeless households with children assisted through rapid re-housing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

The CoC recognizes the success of rapid re-housing and will work to expand the use of rapid re-housing in the community to increase the number of households accessing that resource. Steps to expand rapid re-housing include:

1. The CoC will work with ESG grantees to ensure an appropriate level of ESG funds are set aside for rapid re-housing programs.
2. The CoC will work with existing transitional housing providers to revise their program models. This may include reallocating funds from programs to create new rapid rehousing and/or converting existing projects to models similar to rapid re-housing
3. The CoC will explore the options of using TANF & GA funds to create rapid re-housing
4. The CoC will partner with the local SSVF programs to ensure homeless veteran households are referred to the program and accessing rapid re-housing through that source of funds
5. The CoC will update current rapid re-housing standards in order to maximize the number of families served.

3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)

The CoC Permanent Housing Committee will be responsible for working with existing permanent housing programs, the Boards of Social Services and the SSVF programs to explore ways of expanding the number of families served in rapid re-housing. The committee will also update the rapid re-housing standards.

The Executive committee will work with the ESG grantees in the community to ensure an appropriate level of ESG funding is set aside for rapid re-housing.

3A-5.4 Describe the CoC’s written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable. (limit 1000 characters)

The Rapid Re-housing program requires households to meet the HUD homeless criteria and be at 30% of AMI or lower. Households must submit copies of their social security card, birth certificate and proof of income. The program generally operates on a first come first serve basis, but priority is extended to victims of domestic violence, single parent households and the chronically homeless.

Outreach workers complete screening over the phone or in person at service based community locations. Once households have submitted all of the required documentation, the client is enrolled and transferred to a case manager for a more indepth assessment and development of a service plan.

Households may receive up to 12 months of assistance and are re-assessed every 3 months to determine if continued assistance is needed. Participants may receive assistance with rent or utilities and the level of financial assistance provided is dependent upon the individual financial assessment.

**3A-5.5 How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs?
(limit 1000 characters)**

Case managers work with enrolled households to develop an individualized service plan upon program enrollment. The level of case management provided is largely dependent on the needs of the household and the service plan developed. Case managers meet with program participants at least once a month. Case management sessions occur in person at the service provider’s office or other community based service location based on the client’s ability to attend the session. Case management sessions include a review of progress on personal and financial goals which help determine the continued need of assistance from the program.

**3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends?
(limit 1000 characters)**

Program participants are connected with community based services throughout their time in the program and at program exit. The Rapid Re-housing agency uses a follow up form to connect with households 6 months after program exist and determine their level of housing stability and additional service needs. The follow up usually occurs by phone at 6 month intervals.

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-1.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

3B-1.1a If other, please explain. (limit 750 characters)

3B-1.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

The NJ Division of Child Protection and Permanency (DCPP) oversees the foster care system and adheres to state discharge policies which prevent discharges without immediate provision of shelter. The caseworkers work with youth to identify available resources and appropriate housing. Under current NJ child welfare reform legislation, several new programs have been implemented that allow for a more seamless transition from youth to adulthood. Many of these programs include permanent housing.

CoC agencies work with DCPP to ensure aging out youth are connected to community resources. Aging out youth are eligible for the Transition for Youth program that connects youth to services that will increase self-sufficiency.

Youth may also participate in state funded transitional and permanent housing programs. Youth are assisted in obtaining market rate and/or subsidized units in the community. In addition youth may access housing through state funded programs at Robin's Nest, Covenant House and Center for Family Services.

3B-1.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

NJ DCPD is responsible for overseeing the foster care discharge process. Quarterly the Youth Service Commission evaluates the effectiveness of the current discharge plan. They work to identify issues that factor into unsuccessful discharges from foster care and work with the state to ensure identified gaps are addressed.

The SNJCoC Discharge planning sub committee is responsible for reviewing discharge procedures for all institutions in the region. The committee will work closely with the Education and Youth Committee in its review of discharge practices from the foster care system.

3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-2.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

**3B-2.1a If other, please explain.
(limit 750 characters)**

**3B-2.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

All Hospitals within the Camden County, Gloucester County and Cumberland County region have discharge protocols that prevent discharge to unknown locations. The primary hospitals in each of these communities have participated in CoC meetings and subcommittee work surrounding discharge planning, addressing the needs of the high frequency users and the local ten year planning processes.

The local discharge planning committees have worked closely with hospital social work staff to ensure a full understanding of all resources available in the community and the ensure patients are discharged to appropriate locations and sufficient effort is made to connect them with stable housing.

Hospital social workers work with patients to identify housing options and contact the local welfare boards and community service providers when homeless patients are discharged in less than 90 days. For patients staying in the hospital for longer than 90 days, the hospital social work staff connects patients to friends and family, hospices or other housing opportunities upon discharge.

**3B-2.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

The CoC discharge planning committees work closely with hospital staff and community based programs designed to address the needs of homeless patients such as the Camden Coalition of Healthcare Providers, the Complete Care Health Network in Cumberland County and Underwood Memorial Hospital in Gloucester County.

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-3.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

3B-3.1a If other, please explain. (limit 750 characters)

3B-3.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

The State of New Jersey's psychiatric hospitals follow state guidelines that prohibit the discharge of any individual into homelessness. All persons being discharged must have a place to live or they remain in the hospital until an appropriate permanent, stable housing placement is secured. The state of New Jersey Division of Mental Health and Addiction Services is responsible for overseeing all discharges from the state hospital. Typically those discharged from the hospital are placed with friends and family where possible or in state funded permanent supportive housing programs.

3B-3.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

There are a variety of state licensed mental health service agencies that receive state funds to operate supportive housing programs specifically for those exiting the state mental health institutions. These agencies are members of the local CoCs in their respective communities. The Mental Health Board monitors the process locally to ensure successful placements.

The SNJCoC Discharge Planning Committee will be responsible for reviewing discharge procedures from mental health facilities and developing a discharge protocol that supports continued success in connecting homeless persons with permanent housing.

3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-4.1 Is the discharge policy in place State Mandated Policy
mandated by the State, the CoC, or other?

3B-4.1a If other, please explain.
(limit 750 characters)

3B-4.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)

Within the CoC’s geographic region there are City and County correctional facilities, two state and one Federal correctional facility. The correctional facilities in the region have established protocols for discharge that include interviews with social work staff and connection to social service agencies and mainstream benefits prior to discharge. For those with no address/home to return to, the social work staff work closely with the local boards of social services, the human service and homeless planning departments and the community providers offering reentry services as well as other community providers to assess those individuals and connect them to benefits and services to ensure they are placed in appropriate housing upon discharge. Persons exiting local correctional institutions are typically connected with family members, treatment programs, halfway houses and affordable housing within the community.

3B-4.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)

The continuum of care works closely with the sheriff’s office to periodically review the local discharge procedure and ensure persons are connected to resources prior to discharge and not exiting local jails into homelessness. The discharge planning committee reviews local discharge processes and works to ensure a seamless transition to stable placement upon discharge from correctional facilities.

3C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3C-1 Does the Consolidated Plan for the jurisdiction(s) within the CoC’s geography include the CoC’s strategic plan goals for addressing and ending homelessness? Yes

3C-1.1 If yes, list the goals in the CoC strategic plan. (limit 1000 characters)

The consolidated plans in the region include the following strategies:

1. Support affordable housing for homeless households
2. Support services for homeless households and prevention services
3. Support and expand the availability of beds by 100 for the chronically homeless
4. Support the Camden Housing First Collaborative in developing housing for the chronically homeless
5. Reduce the incidence of first time homelessness
6. Reduce homeless recidivism
7. Maintain discharge planning protocols.
8. Increase the number of affordable housing units
9. Provide housing opportunities for low and moderate-income households and housing assistance to very-low and low-income households
10. Assist homeless households to obtain permanent supportive housing
11. Support local planning processes to reduce homelessness
12. Provide short term emergency assistance through non-profit partners
13. Prevent homelessness through services, education and economic development
14. Prevent homelessness through home ownership assistance programs
15. Support programs for the homeless, especially in the areas of preventions and transitioning to independent living

3C-2 Describe the extent in which the CoC consults with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC’s geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients. (limit 1000 characters)

The entitlement jurisdictions of Camden County and Camden City receive a direct ESG allocation. The remaining areas of the CoC region are covered by the State of New Jersey ESG program. The Camden County and Camden City ESG grantees have representation on the CoC Executive Board and the Camden County representative is the chair of the local Camden County CoC planning body

For the FY2012 & FY2013 ESG allocation process, the Camden County and Camden City grantees consulted with the local Continuum of Care planning body and community providers regarding the use of ESG funds. The CoC evaluated the available resources in the community and made funding allocation recommendations.

The CoC executive committee is in the process of drafting a monitoring process and performance standards that will apply to both CoC and ESG funded programs. ESG funded programs will undergo quarterly HMIS monitoring for data quality and program performance according to locally approved standards. The Camden County and Camden City Offices of Community Development will conduct on-site monitoring of programs annually to ensure compliance.

3C-3 Describe the extent in which ESG funds are used to provide rapid re-housing and homelessness prevention. Description must include the percentage of funds being allocated to both activities. (limit 1000 characters)

Based on the established community priorities, CoC & ESG funds will be directed towards activities that will end homelessness. This includes permanent housing and rapid re-housing.

3C-4 Describe the CoC's efforts to reduce the number of individuals and families who become homeless within the CoC's entire geographic area. (limit 1000 characters)

Camden County OEO, Gateway and Comite de Apoyo a los Trabajadores Agrícolas (CATA) serve as the local CAP agencies providing a host of financial management, childcare, utility assistance and rental assistance services to help at risk households maintain their housing.

Legal Services provides pro-bono legal services to households in landlord tenant court to assist them in maintaining their units when illegal eviction proceedings are employed.

Center for Family Services, Catholics Charities and DCA Division of Housing and Community Resources administer homeless prevention programs providing utility assistance, rental assistance and security deposit to households at risk of homelessness.

The Social Services agencies in each county are the biggest prevention agency providing rental assistance, childcare and transportation to those individuals and families eligible for TANF or General Assistance.

The CoC holds regular committee meetings between all programs administering prevention funding to discuss barriers to services and issues as they arise. All programs providing prevention services enter information in HMIS.

3C-5 Describe how the CoC coordinates with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the planning and operation of projects. (limit 1000 characters)

Camden County and the State of New Jersey are the HOPWA grantees for the region. The Camden County representative is a member of the SNJCoC Executive committee..

The local boards of social services are active members of the CoC and have participated in the local ten year plan development.

Center for Family Services and Robin’s Nest offer services to homeless youth in the region. Center for Family Service is the recipient of RHY funding to serve youth and both agencies are active members of the CoC Executive Committee.

Center for Family Services and Gateway CAP operate the head start programs in the CoC. They are an active member of the CoC

Philanthropic organizations & foundations – the CoC steering committee is actively working to engage philanthropic partners in the local planning process.

3C-6 Describe the extent in which the PHA(s) within the CoC's geographic area are engaged in the CoC efforts to prevent and end homelessness. (limit 1000 characters)

The Gloucester County Public Housing Authority is an active partner in the local homeless planning process. The director of the Public Housing Agency is a member of the CoC and is currently serving as the co-chair of the local CoC.

The Gloucester County Public Housing Authority was active in the local planning process with regards to the development of the 10 year plan.

The Vineland Housing Authority is an active member of the local planning process and administers rental assistance vouchers funded through the CoC.

3C-7 Describe the CoC’s plan to assess the barriers to entry present in projects funded through the CoC Program as well as ESG (e.g. income eligibility requirements, lengthy period of clean time, background checks, credit checks, etc.), and how the CoC plans to remove those barriers. (limit 1000 characters)

The CoC Permanent Housing Committee is charged with exploring the sheltering and housing options throughout the geographic region and developing a plan to address the identified needs. This plan will include an examination of the admission criteria for all CoC funded programs in the community. Currently each program operates under agency driven admission criteria such as provision of drug testing results and some form of income. The Permanent Housing Committee will provide the CoC Executive Committee a detailed accounting of all program admission criteria. The Executive committee will determine which requirement impact the hardest to serve and determine if a change is necessary to expand services to the hardest to serve population. The Executive committee will work with funded agencies to ensure admission criteria are appropriate for the populations seeking assistance in the community.

3C-8 Describe the extent in which the CoC and its permanent supportive housing recipients have adopted a housing first approach. (limit 1000 characters)

The CoC has adopted housing first as the primary approach to end chronic homelessness. The CoC does encourage all permanent housing providers to consider a variety of housing models based on best practices or evidence based practices. In order to foster the creation of housing first programs the CoC will take the following steps:

- The CoC will offer trainings to all permanent supportive housing providers to educate them about the housing first model.
- The CoC will work with existing permanent supportive housing providers to gain a commitment to operate at least 50% of their program using a housing first model.
- The CoC has dedicated 139 beds to the Housing First program implemented through a partnership with community agencies and the CoC

3C-9 Describe how the CoC's centralized or coordinated assessment system is used to ensure the homeless are placed in the appropriate housing and provided appropriate services based on their level of need. (limit 1000 characters)

The CoC intends to have a piloted Coordinated assessment system up and running by the end of 2014. The pilot program will first cover Camden County and then spread to other areas of the CoC region within 2 years.

The Coordinated assessment system will feature a physical primary access point as well as virtual access through phone and the web-based HMIS. Persons seeking assistance will be assessed by the approved coordinated assessment provider and referred to the appropriate program according to eligibility and need.

The CoC has not yet finalized the assessment tool that will be used but is exploring a tool that will collect eligibility information as well as information about basic service needs.

The pilot assessment program will use the existing networks of community providers to inform the public about the new process for accessing services. Once formally established throughout the CoC region, efforts will be made to ensure information is provided to all possible access points such as police departments, schools, hospitals and jails. Information will be posted on websites and available at public locations.

3C-10 Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach. (limit 1000 characters)

The CoC requires all funded programs to make services accessible and available to all persons regardless of race, color, religion, gender, age, familial status or disability. All housing and service programs in the CoC are required to submit their eligibility criteria to the CoC Lead for inclusion in the community resource guide and for the development and review of program standards. Agencies may not deny services to persons seeking services who meet the basic criteria unless there is a history of violence or other disruptive behavior that would potentially harm other program participants. All agencies are required to post program eligibility criteria and develop an affirmative marketing plan to be updated annually. The CoC review HMIS data as well as PIT data to determine the needs of populations not routinely accessing services. Once populations have been identified the CoC develops a sub-committee to further explore the reasons for their exclusion from services and to develop strategies to engage them in the service and housing system of the CoC.

3C-11 Describe the established policies that are currently in place that require all homeless service providers to ensure all children are enrolled in early childhood education programs or in school, as appropriate, and connected to appropriate services within the community. (limit 1000 characters)

1. The Educational Supervisor must evaluate the educational needs of all children in the program.
2. The educational supervisor must contact the homeless liaison for each school youth are enrolled in.
3. No child shall be required to change schools based on the location of their temporary placement. Children may remain in their school of origin should they choose.
4. Participation in after-school programs provided by shelters or transitional programs shall not prohibit students from remaining enrolled in their school of origin
5. Educational programs provided by shelters and transitional housing programs should be supplemental and expand on the regular education services
6. The Educational Supervisor should cooperate with homeless liaisons to connect unaccompanied youth to the state foster care system
7. Educational Supervisors should assist families with children ages 0 to 5 in accessing Head Start
8. Bi-lingual posters on education rights of families and youth are displayed.
9. Families and youth are asked if they have any concerns about school attendance, particularly fears related to domestic violence.

3C-12 Describe the steps the CoC, working with homeless assistance providers, is taking to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services. (limit 1000 characters)

The coordinators of the McKinney-Vento homeless programs for the CoC Counties are active members of the CoC. With the CoC, they work with the Children's Inter-Agency Coordinating Council (CIACC). CIACC works to build partnerships between education system partners, homeless liaisons, the behavioral healthcare system, child protective services and the homeless service system to enhance the identification of students and their needs, and strengthen collaboration and coordination of services. CIACC offers cross training on homeless definitions, compliance and requirements, support systems for the homeless and effective collaborative models to increase partnerships between local schools and community service providers. CIACC has developed a standardized intervention model for use in school settings to determine the service needs of homeless children and connect them to appropriate providers.

The CoC will offer training to school homeless liaisons and community providers to ensure all those involved in counts of homeless students are fully aware of the homeless definitions and how to collect the information

3C-13 Describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing. (limit 1000 characters)

The CoC intends to create written standards for emergency shelter, transitional housing and permanent housing programs within the next two year, which will standardize the way in which these programs operate in the CoC. The existing family programs do not have any regulations in place, which allow families to be separated upon admission into the program. In order to solidify this unwritten policy of keeping families in tact, the CoC will establish a standard for all sheltering and housing programs which prohibits families from being separated or denied admission based on family composition. This standard will be written into the CoC policies manual and all programs providing shelter or housing services within the geographic region will be required to adhere to this standard.

3C-14 What methods does the CoC utilize to monitor returns to homelessness by persons, including, families who exited rapid re-housing? Include the processes the CoC has in place to ensure minimal returns to homelessness. (limit 1000 characters)

The HMIS has the ability to track returns to homelessness for people exiting rapid re-housing through the use of the personal ID field in the system. Information about returns to homelessness can also be derived from the destination at discharge field. The CoC is working with the HMIS lead to explore more effective ways of capturing information about returns to homelessness and to track returns over time.

The CoC is working to develop a process that will assist in reducing returns to homelessness for those that have exited the rapid re-housing program. It is anticipated that process will include follow up services and connection to prevention programs at program exit.

3C-15 Does the CoC intend for any of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

3C-15.1 If yes, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 1000 characters)

3C-16 Has the project been impacted by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2013 CoC Program Competition? No

3C-16.1 If 'Yes', describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

3D. Continuum of Care (CoC) Coordination with Strategic Plan Goals

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP).

3D-1 Describe how the CoC is incorporating the goals of Opening Doors in local plans established to prevent and end homelessness and the extent in which the CoC is on target to meet these goals. (limit 1000 characters)

The CoC actively works to ensure the strategies implemented align with Opening Doors.

The CoC has worked to end chronic homelessness by prioritizing CoC funding for the chronically homeless over the last 7 years. To date the CoC has developed 115 units for the chronically homeless.

The CoC works to end veteran's homelessness within the County. The CoC has worked closely with VA partners and CC & VOA, the agency providing SSVF services in the community. The CoC is actively working to standardize access to veteran's services and SSVF and HUD VASH in particular

The CoC is working to end homelessness among families. To date the CoC has developed 86 units for homeless families. The CoC is also working to expand rapid rehousing within the region and ensure homeless families are connected to the program

The CoC continues to work to set a path to ending all forms of homelessness. The CoC is working to develop a streamlined system access through a coordinated intake & assessment process.

3D-2 Describe the CoC's current efforts, including the outreach plan, to end homelessness among households with dependent children. (limit 750 characters)

Homeless families may access services through the local boards of social services, state and local funding for prevention services to provide rental, utility and security deposit assistance.

The local Family Success Centers provide intensive case management to families. The Differential Response program provides support to families at risk of family separation through child welfare services due to non-abuse issues.

Family Promise, Center for Family Services, and Volunteers of America are major providers of emergency, transitional, permanent housing and services to homeless families.

The CoC connects with local school districts to identify homeless children and families and connect them with services.

3D-3 Describe the CoC's current efforts to address the needs of victims of domestic violence, including their families. Response should include a description of services and safe housing from all funding sources that are available within the CoC to serve this population. (limit 1000 characters)

Center for Family Services (CFS) and NJ Association on Corrections (NJAC) provide services to victims of domestic violence within the CoC. Available services include the domestic violence hotline, emergency shelter, transitional housing, permanent housing, counseling services, advocacy, outreach and education. CFS & NJAC work closely with the local police departments to help connect victims of domestic violence to the above-identified services and the safe house. There are several permanent housing programs operated by CFS for victims of domestic violence that are funded through the CoC. The programs offered by these agencies do not report client information in the local HMIS but rather provide aggregate information for reporting purposes. The location of the emergency shelter, transitional housing and permanent housing is not disclosed. CFS and NJAC administrative offices are used for all correspondence related to the programs so as to ensure the safety of program participants and program locations.

3D-4 Describe the CoC's current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are available for all youth or are specific to youth between the ages of 16-17 or 18-24. (limit 1000 characters)

Covenant House does street outreach for youth up to age 24. They work closely with the school system to identify at risk youth and homeless students.

The Center for Family Services operates emergency, transitional and permanent housing for homeless youth. Camden Dreams is an 11 unit PSH program for youth up to 21. Street-Smart Outreach provides outreach, case management, and emergency services to homeless youth up to age 21 in Gloucester County.

Agencies serving youth in Cumberland include the Guidance Center, Covenant House, Family Promise, Vineland Family Success Center, Robin's Nest, Neighborhood Residential Center, Project Nurture and the Cumberland Family Shelter. These organizations provide outreach, emergency, transitional, permanent housing and case management services.

In Gloucester, Robin's Nest offers group homes for children 14-18 and PSH for homeless aging out youth aged 18-21. They provide counseling, crisis response and transitional services to youth from 14–21.

These agencies participate in the CoC committees, CFS is currently a member of the CoC Executive Committee.

3D-5 Describe the efforts, including the outreach plan, to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation. (limit 750 characters)

The local Coordination and Collaboration Committee works to improve system-wide planning regarding the unsheltered population. The committee meets monthly to review and develop both an emergency response and long-term permanent housing solutions.

Gloucester & Camden has established HOT-Homeless Outreach Team, an assertive street outreach model. The HOT team membership includes members from the public, private, civic and faith-based communities.

In Cumberland, there is a community-wide team that focuses on outreach to the street homeless and canvasses them on a regular basis. Covenant House and the PATH program among other agencies coordinate the street outreach. In addition, Catholic Charities SSVF program does weekly street outreach for homeless veterans.

3D-6 Describe the CoC's current efforts to combat homelessness among veterans, particularly those are ineligible for homeless assistance and housing through the Department of Veterans Affairs programs (i.e., HUD-VASH, SSVF and Grant Per Diem). Response should include a description of services and housing from all funding sources that exist to address homelessness among veterans. (limit 1000 characters)

The CoC works closely with the Veteran's Commission to ensure all homeless veterans are connected to appropriate veteran's services for which they are eligible. The CoC committee has formed a Homeless Veterans Program Committee to explore ways to identify and engage veterans in the CoC and connect them to services.

The City of Camden Housing Authority, an active member of the CoC, administers 35 VASH vouchers dedicated to homeless veterans.

Catholic Charities' program, Ready, Vet, Go!, provides rental assistance and case management to homeless and at risk veteran families through the SSVF program. In addition Volunteers of America administers a newly awarded SSVF grant.

Volunteers of America's Home for the Brave transitional living program houses 30 homeless veterans with wraparound supportive services.

Veteran's Haven also continues to be an active CoC member and works to serve homeless female veterans providing transitional housing services to homeless veterans.

3E. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3E-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons? Yes

3E-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families? No

**3E-2.1 If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons.
(limit 1000 characters)**

3E-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified? Yes

3F. Reallocation - Grant(s) Eliminated

CoCs planning to reallocate into new permanent supportive housing projects for chronically homeless individuals may do so by reducing one or more expiring eligible renewal projects. CoCs that are eliminating projects entirely must identify those projects.

Amount Available for New Project: (Sum of All Eliminated Projects)				
\$93,263				
Eliminated Project Name	Grant Number Eliminated	Component Type	Annual Renewal Amount	Type of Reallocation
COSTAR	NJ0042L2F031205	SSO	\$21,873	Regular
Project H.O.P.E.	NJ0047L2F031205	SSO	\$55,795	Regular
CFS Permanent Hou...	NJ0287B2F051000	PH	\$15,595	Regular

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: COSTAR

Grant Number of Eliminated Project: NJ0042L2F031205

Eliminated Project Component Type: SSO

Eliminated Project Annual Renewal Amount: \$21,873

**3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)**

Through discussions of the Continuum of Care to prioritize permanent housing, the decision was made to defund SSO programs in this year's competition to reallocate funds to additional permanent housing units.

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: Project H.O.P.E.

Grant Number of Eliminated Project: NJ0047L2F031205

Eliminated Project Component Type: SSO

Eliminated Project Annual Renewal Amount: \$55,795

**3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)**

Through discussions of the Continuum of Care to prioritize permanent housing, the decision was made to defund SSO programs in this year's competition to reallocate funds to additional permanent housing units.

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: CFS Permanent Housing

Grant Number of Eliminated Project: NJ0287B2F051000

Eliminated Project Component Type: PH

Eliminated Project Annual Renewal Amount: \$15,595

**3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)**

Unfortunately, this program missed the local application deadline in order to be considered for this year's Continuum of Care funding, and thus was defunded.

3G. Reallocation - Grant(s) Reduced

CoCs that choose to reallocate funds into new rapid rehousing or new permanent supportive housing for chronically homeless persons may do so by reducing the grant amount for one or more eligible expiring renewal projects.

Amount Available for New Project (Sum of All Reduced Projects)					
Reduced Project Name	Reduced Grant Number	Annual Renewal Amount	Amount Retained	Amount available for new project	Reallocation Type
This list contains no items					

3H. Reallocation - New Project(s)

CoCs must identify the new project(s) it plans to create and provide the requested information for each project.

Sum of All New Reallocated Project Requests
(Must be less than or equal to total amount(s) eliminated and/or reduced)

\$83,498				
Current Priority #	New Project Name	Component Type	Transferred Amount	Reallocation Type
10	Camden CSPNJ...	PH	\$83,498	Regular

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing): 10

Proposed New Project Name: Camden CSPNJ 2013 Permanent Housing

Component Type: PH

Amount Requested for New Project: \$83,498

3I. Reallocation: Balance Summary

3I-1 Below is the summary of the information entered on forms 3D-3H. and the last field, "Remaining Reallocation Balance" should equal "0." If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of reallocated funds available for new projects.

Reallocation Chart: Reallocation Balance Summary

Reallocated funds available for new project(s):	\$93,263
Amount requested for new project(s):	\$83,498
Remaining Reallocation Balance:	\$9,765

4A. Continuum of Care (CoC) Project Performance

Instructions

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals? (limit 1000 characters)

The CoC evaluates program performance on an annual basis. Project monitoring includes review of HMIS and APR data remotely. The CoC evaluates projects in the following areas:

1. Ending Chronic Homelessness – what percentage of program participants were chronically homeless at program entry. What percentage of CH participants were connected to PH. What percentage of program beds our housing placement services are set aside for CH participants
2. Increase housing stability – what percentage of program participants remain stable in housing for at least 6 months. What percentage of program participants move into PH at program exit
3. Increase participant income – what percentage of program participants had an increase of income on the last APR. What percent of participants have income versus no sources of income
4. Connection to mainstream benefits – what percentage of program participants have mainstream benefits vs. no benefits
5. Use of Rapid Re-housing – what percentage of program participants are referred to rapid re-housing programs

4A-2 How does the CoC assist project recipients to reach HUD-established performance goals? (limit 1000 characters)

The CoC monitoring committee evaluates HMIS & APR data to determine program effectiveness in meeting the HUD and local goals of ending chronic homelessness, increasing housing stability, increasing participant income and connection to mainstream benefits, and increasing the use of rapid re-housing. Poor performing programs are notified in writing about their performance and must meet with the monitoring committee to discuss barriers to improving performance. During the review meeting, the monitoring committee works with the program to determine appropriate steps to help improve performance. The agency is required to develop a corrective action plan, which includes recommendations from the monitoring committee. The CoC offers technical assistance and peer support to programs struggling to improve performance. In addition the CoC works with agencies on capacity building efforts and/or connection/collaboration with strong community agencies should such steps be necessary/helpful in efforts to improve performance.

4A-3 How does the CoC assist recipients that are underperforming to increase capacity? (limit 1000 characters)

The CoC monitoring committee review program compliance with CoC regulations on an annual basis. Compliance monitoring includes an on-site review of program & client files as well as agency procurement procedures as well as a review of submitted documentation. The monitoring committee reviews drawdown procedures, reporting process and activity & participant eligibility documentation. Compliance monitoring results are provided to agencies in writing within 30 days of the on-site monitoring. Poor performing programs must meet with the monitoring committee to discuss barriers to achieving program compliance. Agencies must submit a corrective action plan that includes the recommendations of the monitoring committee within 15 days of meeting with the monitoring committee. The CoC offers programs struggling with program compliance technical assistance and facilitates connections with high performing programs and/or consultants that can assist agencies in improving their internal processes in order to meet program requirements.

**4A-4 What steps has the CoC taken to reduce the length of time individuals and families remain homeless?
(limit 1000 characters)**

The HMIS system captures length of time homeless through the homeless duration field, length of stay and the Personal ID which tracks homelessness across programs in the system. The CoC System Monitor reviews HMIS data to track length of homelessness and household characteristics that may impact their length of homelessness. Current strategies to reduce length of homelessness include:

1. establish community standard for average length of stay that varies according to program type
2. Identify process to target permanent housing to those with the longest periods of homelessness

**4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC’s geography?
(limit 1000 characters)**

The CoC is working with the HMIS vendor to identify an effective way of measuring returns to homelessness. The HMIS is capable of tracking returns to homelessness through the discharge destination field, episodes of homelessness field and the Personal ID field which tracks movement across programs. The System monitor looks at discharge destination and episodes of homelessness to get a sense of the number of persons returning to homelessness.

1. The CoC is creating a comprehensive assessment tool that will assist programs in determining the needs of the household and indicate the likelihood of the household to require long-term support. This assessment will enable the appropriate targeting of programs to prevent returns to homelessness
2. Programs providing permanent supportive housing must prioritize beds for those households with the longest histories of homelessness and/or the most episodes of homelessness.
3. Agencies providing rapid re-housing or transitional housing assistance must make accommodations to provide at least 6 months of follow-up services to ensure households have transitioned well and remain stable in permanent housing.

**4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1000 characters)**

Outreach is a priority for the CoC. A key part of the CoC strategy was the establishment of the Homeless Outreach Team (HOT). This is a best practice model developed in Camden and now being used by other CoCs. It is an assertive community treatment team, which includes all of the shelter providers and nontraditional resources such as public safety personnel that understand the importance of diverting homeless households from the streets to either temporary or permanent shelter.

The CoC formed an interdisciplinary Coordination and Collaboration committee to improve system-wide planning including, but not limited to, improving outreach to the street homeless; including those in tent encampments. The committee meets monthly to review and develop both an emergency response to the crisis and a long-term permanent housing solution.

4B. Section 3 Employment Policy

Instructions

*** TBD ****

4B-1 Are any new proposed project applications requesting \$200,000 or more in funding? No

**4B-1.1 If yes, which activities will the project(s) undertake to ensure employment and other economic opportunities are directed to low or very low income persons?
(limit 1000 characters)**

4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions? No

4B-2.1 If yes, which activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons:

4C. Accessing Mainstream Resources

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff? Yes

4C-2 Indicate the percentage of homeless assistance providers that are implementing the following activities:

* Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%
* Homeless assistance providers use a single application form for four or more mainstream programs.	100%
* Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%

4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually? No

4C-3.1 If yes, indicate the most recent training date:

4C-4 Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and subrecipients will participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options. (limit 1000 characters)

The CoC is working to ensure all CoC member agencies are aware of and connecting with ACA resources and are actively working to enroll their clients. The CoC has held meetings in which the local ACA system Navigators presented information on some of the resources available and the process to access the system. System navigators have connected with local providers to process applications and help enroll program participants.

**4C-5 What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs?
(limit 1000 characters)**

The CoC executive committee is exploring ways to identify additional resources in the community to support services. The CoC intends to look at Medicaid Reimbursement, County Support Grants, local Homeless Trust funds, state resources and private foundations to provide supports for service provision in the CoC region.

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certificate of Co...	01/31/2014
CoC Governance Agreement	No	CoC Governance Ag...	01/31/2014
CoC-HMIS Governance Agreement	No	CoC-HMIS Governan...	02/03/2014
CoC Rating and Review Document	No	Rating and Review	01/31/2014
CoCs Process for Making Cuts	No	Process for Makin...	01/31/2014
FY2013 Chronic Homeless Project Prioritization List	No		
FY2013 HUD-approved Grant Inventory Worksheet	Yes	HUD-Approved GIW	01/31/2014
FY2013 Rank (from Project Listing)	No	FY2013 Project Pr...	02/03/2014
Other	No		
Other	No		
Other	No		
Projects to Serve Persons Defined as Homeless under Category 3	No		
Public Solicitation	No	Rating and Review	01/31/2014

Attachment Details

Document Description: Certificate of Consistency with the Consolidated Plan

Attachment Details

Document Description: CoC Governance Agreement

Attachment Details

Document Description: CoC-HMIS Governance Agreement

Attachment Details

Document Description: Rating and Review

Attachment Details

Document Description: Process for Making Cuts

Attachment Details

Document Description:

Attachment Details

Document Description: HUD-Approved GIW

Attachment Details

Document Description: FY2013 Project Priority List

Attachment Details

Document Description:

Attachment Details

Document Description: Rating and Review

Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	02/03/2014
1C. Committees	02/03/2014
1D. Project Review	02/01/2014
1E. Housing Inventory	02/01/2014
2A. HMIS Implementation	02/01/2014
2B. HMIS Funding Sources	02/01/2014
2C. HMIS Beds	02/01/2014
2D. HMIS Data Quality	02/01/2014
2E. HMIS Data Usage	02/01/2014
2F. HMIS Policies and Procedures	02/01/2014
2G. Sheltered PIT	02/01/2014
2H. Sheltered Data - Methods	02/01/2014
2I. Sheltered Data - Collection	02/01/2014
2J. Sheltered Data - Quality	02/01/2014
2K. Unsheltered PIT	02/01/2014
2L. Unsheltered Data - Methods	02/01/2014
2M. Unsheltered Data - Coverage	02/01/2014
2N. Unsheltered Data - Quality	02/01/2014
Objective 1	02/03/2014
Objective 2	02/03/2014
Objective 3	02/03/2014
Objective 4	02/03/2014
Objective 5	02/03/2014
3B. CoC Discharge Planning: Foster Care	02/01/2014
3B. CoC Discharge Planning: Health Care	02/01/2014

3B. CoC Discharge Planning: Mental Health	02/01/2014
3B. CoC Discharge Planning: Corrections	02/01/2014
3C. CoC Coordination	02/03/2014
3D. Strategic Plan Goals	02/01/2014
3E. Reallocation	02/01/2014
3F. Grant(s) Eliminated	02/01/2014
3G. Grant(s) Reduced	No Input Required
3H. New Project(s)	02/03/2014
3I. Balance Summary	No Input Required
4A. Project Performance	02/01/2014
4B. Employment Policy	02/01/2014
4C. Resources	02/03/2014
Attachments	02/03/2014
Submission Summary	No Input Required

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: See Attached

Project Name: See Attached

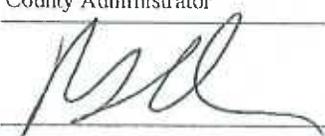
Location of the Project: See Attached

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: Camden County

Certifying Official of the Jurisdiction Name: Ross Angilella

Title: County Administrator

Signature: 

Date: 1/30/2014

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: See Attached

Project Name: See Attached

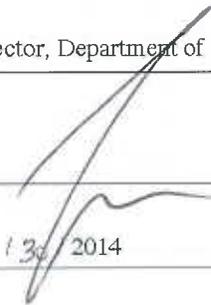
Location of the Project: See Attached

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: City of Camden

Certifying Official of the Jurisdiction Name: Edward C. Williams, PP, AICP

Title: Director, Department of Development and Planning

Signature:  _____

Date: 1/30/2014

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: See Attached

Project Name: See Attached

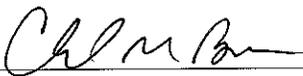
Location of the Project: See Attached

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: Gloucester County

Certifying Official of the Jurisdiction Name: Chad M. Bruner

Title: County Administrator

Signature: 

Date: 1 / 27 / 2014

**Certification of Consistency
with the Consolidated Plan**U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: See AttachedProject Name: See AttachedLocation of the Project: See Attached Name of the Federal
Program to which the
applicant is applying: Continuum of CareName of
Certifying Jurisdiction: City of VinelandCertifying Official
of the Jurisdiction
Name: Alex CurioTitle: Director, City of Vineland Community DevelopmentSignature: Date: 1/21/2014

Southern Region CoC
FY2013 CoC Application – Renewal Project List

County	Agency	Project Name
Camden	Community Planning and Advocacy Council	Camden Housing First 2012
	Community Planning and Advocacy Council	HNPC Housing Outreach
	New Jersey Housing and Mortgage Finance Agency	Camden Shelter Plus Care Program
	Interfaith Homeless Outreach Council	Homeless Programs
	NJ HMFA	Camden HMIS FY2012
	Volunteers of America Delaware Valley Inc	Camden County Supportive Housing
	Center For Family Services, Inc.	Home Base Supportive Apartments
	Camden County Council On Economic Opportunity, Inc.	OMAR Renewal 2012
	Camden County Council On Economic Opportunity, Inc.	Imani Renewal 2012
	Camden County Council On Economic Opportunity, Inc.	A Wright/Liberty Place Renewal 2012
	Collaborative Support Programs of New Jersey	Camden Samaritan S+C (CSP)
	Collaborative Support Programs of New Jersey	Camden Housing First (CSP)
	Community Planning and Advocacy Council	Camden Housing First 2011
	Community Planning and Advocacy Council	Camden Housing First Bonus 2011
	Community Planning and Advocacy Council	Camden Housing First Collaborative 2011
Gloucester	Volunteers of America Delaware Valley Inc	Eleanor Corbett House Safe Haven
	NJ HMFA	Gloucester HMIS FY2012
	NJ Department of Community Affairs	Shelter Plus Care-Gloucester
	Center For Family Services, Inc.	CFS Tanyard Oaks 1& 2
	Center For Family Services, Inc.	Mother Child Transitional Housing
	Center For Family Services, Inc.	Mother Child Permanent Housing
	Center For Family Services, Inc.	CFS Victims of Domestic Violence
Cumberland	NJ HMFA	Cumberland HMIS FY2012
	Center For Family Services, Inc.	CFS Victims of Domestic Violence Cumberland SHP
	Collaborative Support Programs of New Jersey PHA NJ880	Cumberland Shelter Plus Care
	Center For Family Services, Inc.	CFS Domestic Violence Cumberland CoC

Southern New Jersey Continuum of Care: **Bylaws**

Article I – Organization

Section 1. Name: The name of this organization shall be the Southern NJ Continuum of Care, hereinafter referred to as the SNJCoC.

Section 2. Service Area: The SNJCoC shall provide services to the Counties of Camden, Cumberland, and Gloucester.

Section 3. Address: The lead agency and principal office of the SNJCoC shall be the offices of:

Community Planning & Advocacy Council - CPAC
2500 McClellan Ave, Suite 110, Pennsauken NJ 08109

Section 4. Description: The SNJCoC is an association of county-wide homelessness Continuums of Care that provides information, services and advocacy for and on behalf of the homeless population in the area of service within the participating Southern NJ Counties.

Article II – Mission

Section 1. Mission: The Southern NJ Continuum of Care works to prevent and end homelessness through a public and private collaboration that maximizes efforts and leverages resources.

Article III - MEMBERSHIP:

Section 1. General Membership of the SNJCoC shall include the founding Continuums of Camden, Cumberland & Gloucester Counties; and any other local Continuums incorporated thereafter that have met the criteria outlined in these Bylaws.

- a. General Membership is extended to all member agencies belonging to each Continuum. Such agencies may include, but are not limited to, the following:
 1. Government Entities
 2. Social Service Providers including Homelessness and Victims Service Providers
 3. Faith Based or Volunteer Organizations
 4. Homeless or formerly homeless individual
 5. Public Housing Authorities

6. Homelessness Liaisons from Educational Entities
 7. Local Business Providers
 8. Educational Institutions
 9. Mental Health Agencies
 10. Hospitals
 11. Funders
 12. May include other entities deemed appropriate from time to time
- b. Each local continuum will establish criteria for voting membership on their CoC.
 - c. Potential Nominees to the Executive Board must attend 80% of local CoC meetings and be a member in Good Standing.

Article IV - EXECUTIVE BOARD

Section 1. Representation: Executive Board Membership is comprised of representatives of member agencies belonging to each Continuum chosen as elected representatives by their respective Continuum. These representatives will report back to their local Continuum, making use of the meeting minutes from the Board meetings, within a span of thirty (30) days after the Board Meeting.

- a. Such representatives may include individuals from agencies listed in Article III Section 1-a.
- b. The local Continuums will, through their own process, elect members to serve on the SNJCoC Executive Board and represent the interests of their respective Continuum. The election may be conducted in a manner of the local Continuum's choosing. It must be conducted each December to begin the terms in January.
- c. In the event that a local Continuum fails to elect any or all of their representatives, the Local Continuum Chairperson will appoint the appropriate number of representatives in 60 days or less.
- d. If for any reason an elected Board member is unable to complete a full term then the local Continuum will elect a new representative who fits the same criteria (government representative, provider, consumer, etc.)
- e. An elected Board member may not send a designee.

Section 2. Composition: The SNJCoC Board shall be composed of six (6) representatives at least, and seven (7) representatives at most; from each County Continuum. The total membership of the Executive Board will be at least eighteen (18) people and will not exceed twenty one (21) people.

- a. In accordance with HUD regulations, as outlined in the HEARTH Act, the board shall be made up of one third (1/3) public and two thirds (2/3) private entities. No

agency, social service provider, or government department shall be represented by more than one representative

Section 3. Executive Sessions: This Board may hold executive sessions from time to time in which no meeting minutes will be taken. However, the fact that an executive session took place will be clearly reflected in the meeting minutes as well as the purpose of the Executive Session will be clearly reflected in the minutes.

- a. No official action will be taken during Executive Sessions. Instead the Board meeting will be reconvened so that any appropriate action can be taken at that time.

Section 4. Term of Office: Members of the Executive Board will be elected by their local Continuum for a term of three (3) years. Terms will be based on a calendar year. One third (1/3) of the terms shall expire each year.

- a. In keeping with the regulations that 1/3 representatives be public and 2/3 be private, a vacated seat must be replaced by a representative from the same sector (private by private & public by public)

Section 5. Chairpersons and Vice Chairpersons: Terms last one (1) calendar year and will cycle through each county over three year periods. Each county will be represented as Chair of the Executive Board while the others serve as Vice Chair.

Section 6. Chair Elections: The Executive Board will elect a Chairperson, 1st Vice Chair, and 2nd Vice Chair. The elected Chair will serve in year one, the 1st Vice Chair in year two, the 2nd Vice Chair in year three. At this point an election will be held to start the process over again.

- a. In the event that a particular county serves consecutive terms (i.e. year three of a cycle, and then year one of the next cycle) that county must select a new representative to keep the same *individual* from serving two consecutive terms.

Section 7. Board Meetings: The Executive Board shall meet as often as deemed necessary, but no fewer than six (6) times per calendar year. Notice of meetings and any applicable documents shall be provided to all members of the Executive Board at least five (5) days in advance of a meeting.

- a. Quorum: A majority of members of the Executive Board shall constitute a quorum. Although the Executive Board shall strive to achieve consensus, the affirmative vote of a majority of its membership shall be required for the approval of any matter. Members must be present to vote and shall be entitled to one (1) vote per person. Ten (10) total members must be present and must include at least ONE (1) representative from each county
- b. Attendance Requirements: All Board members must be in attendance for at least 80% of all meetings.

- c. Conflicts of Interests: It is the policy of the SNJCoC that a conflict, or the appearance of a conflict, between the SNJCoC decision making entity and the organizations receiving awards of grants shall in all cases be avoided. All members of the SNJCoC decision making entity shall abstain from discussing and voting on projects in which they or their agency have a financial or potential financial interest.
- d. Meeting Minutes: Minutes shall be kept of every meeting and shall include, at a minimum, the date, time and place of the meeting, a list of the attending members, the topics discussed, the decisions reached and actions taken, the list of roll call votes on all motions, any reports made, and any other information as may be deemed necessary by the Chairperson. A copy of the minutes shall be made available to the SNJCoC membership.
- e. All meetings will be conducted according Robert's Rules of Order.

Section 8. Duties:

Duties of the Executive Board: The responsibilities of the Executive Board shall include, but not be limited to:

- a. Attend at least 80% of all meetings of the Executive Board.
 - i) Attend an annual SNJCoC meeting to be determined by SNJCoC Chair & Vice-chair.
- b. Review and comment on local legislation affecting homelessness.
- c. Monitor the implementation of SNJCoC Ten Year Plan to End Chronic Homelessness.
- d. Revise and update the Ten Year Plan upon recommendation from the SNJCoC.
- e. Gather and report community input on homelessness.
- f. Set program performance standards and monitoring policies for projects receiving HUD funding through the SNJCoC.
- g. Establish policies for prioritizing projects to be funded by the SNJCoC.
- h. Review and approve referrals from the Performance and Evaluation Committee for renewals and new projects for the HUD application.
- i. Review and approve recommendations from all subcommittees.
- j. Hire, or contract with, professional organizations at least annually.
- k. Review fiscal reports and programmatic reports.
- l. The Executive Board shall, with input from the Performance and Evaluation Committee, set program standards, monitoring policies, and priorities for reviewing and prioritizing projects to be funded by the SNJCoC and shall review and revise, if necessary, its policies and priorities annually.
- m. Review and make final decision on all appeals.

Article V - SNJCoC COMMITTEES

Section 1. Committees. The SNJCoC shall establish and convene Committees to address specific aspects of the SNJCoC planning process. These Committees may be formed and disbanded as needed by a vote of the SNJCoC. Assessments regarding the need for a particular Committee, appointments and chair designations shall all be made annually. Committees shall meet as needed, shall keep the SNJCoC informed of their progress and shall provide findings and recommendations to the entire SNJCoC and to the Executive Board as needed. Committees may include, but shall not be limited to:

- a. **Performance and Evaluation:** The Performance and Evaluation Committee is responsible for monitoring, evaluating, and prioritizing projects applying for funding through the SNJCoC pursuant to the performance standards and policies established by the Executive Board. This Committee shall also be responsible for SNJCoC's Homeless Management Information System (HMIS), including its implementation, the ongoing assessment of data collected and reporting on the use and quality of HMIS, in order to evaluate whether the SNJCoC's programs are effectively and efficiently meeting the needs of the community and producing the desired outcome of ending homelessness.
 - i. The Performance and Evaluation Committee shall be appointed annually to serve for the duration of the SNJCoC's Program funding cycle.
 - ii. SNJCoC grantees cannot join this Committee.
- b. **Permanent Housing:** The Permanent Housing Committee is responsible for designing and implementing a strategic plan to reduce and end homelessness through the provision of permanent, subsidized and other affordable housing for homeless individuals and those at risk of becoming homeless. The Permanent Housing Committee shall coordinate with local housing providers to review the SNJCoC's need for emergency, transitional and permanent housing and to develop a systemic plan for meeting those needs. This Committee is also responsible for reviewing the Ten Year Plan and evaluating progress toward meeting the SNJCoC's goals related to the provision of permanent housing as a means of reducing and ending homelessness.
- c. **Mainstream Resources and Access to Services.** The Mainstream Resources and Access to Services Committee is responsible for developing a systemic approach for helping homeless individuals and families access services and enroll in mainstream benefits. This Committee shall review existing services in the SNJCoC Service Area, identify gaps in services to homeless individuals and families currently in the system, and those not currently in the system who are in need or will be in need of services. This Committee is also responsible for reviewing the Ten Year Plan and evaluating progress toward meeting goals related to Mainstream Resources and Access to Services.
- d. **Discharge Planning:** The Discharge Planning Committee is responsible for coordinating with other community organizations that work with homeless

individuals and families to evaluate discharge policies used in and affecting SNJCoC and for designing a collaborative approach to discharge planning, including developing SNJCoC Service Area discharge policy. This Committee is also responsible for reviewing the Ten Year Plan and evaluating progress toward meeting goals related to discharge planning.

- e. **Education and Youth:** The Education and Youth Committee is responsible for coordinating with local school districts and other organizations providing services for homeless youth in order to review existing services for homeless youth, assess needs, identify gaps, and develop a coordinated, SNJCoC Service Area plan to improve outcomes for children and youth. This Committee is also responsible for reviewing the Ten Year Plan and evaluating progress toward meeting the SNJCoC's goals for the provision of services to homeless children and youth.

Section 2. Ad-Hoc Committees: The SNJCoC shall establish and convene workgroups and/or advisory committees to address specific needs or projects of the SNJCoC. Workgroups and advisory committees may be formed and disbanded as needed by a vote of the SNJCoC. The Chair and Vice-chair of the SNJCoC shall designate a chair of all active workgroups and advisory committees. Workgroups and advisory committees shall keep the SNJCoC informed of their progress and shall provide findings and recommendations to the SNJCoC and/or to the Executive Board as needed. Assessments regarding the need for a particular committee, appointments and chair designations shall all be made annually. The SNJCoC's active workgroups and advisory committees may include, but shall not be limited to:

- a. **Local Nominating Committees:** The purpose of the Nominating Committee is to recognize and seek qualified nominees for the elected leadership of the SNJCoC's Executive Board and to periodically review the composition of the Executive Board. The Committee shall seek nominations from their respective local Continuums. The Local Nominating Committees shall meet as often as deemed necessary but no less than once per calendar year.
- b. **Point-In-Time Count (PITC):** The PITC Workgroup is responsible for the successful execution of the annual Point-In-Time count. During the last week of January, or as required by HUD, the SNJCoC takes a census of homeless individuals and families living in the community. The results of the PITC are used in the SNJCoC's planning process, the implementation of the Ten Year Plan, and to access additional funding for the expansion of affordable housing and services for the homeless population in SNJCoC Service Area.
- c. **Consumer Advisory Committee:** An advisory committee of persons who are formerly homeless, currently homeless or at risk of becoming homeless that will incorporate the voice of homeless individuals and families in the SNJCoC's work. Members of the Consumer Advisory Committee shall have the opportunity to participate at meetings as well as to review and comment on new projects prior to review by the Performance and Evaluation Committee.

Section 3. Limitations on Planning Committee, Workgroup and Advisory Group Authority: All planning committees, workgroups, and advisory committees shall provide recommendations to the SNJCoC Executive Board (as indicated below) in writing, prior to the meeting at which the recommendation shall be discussed. The executive Board is responsible for approving and revising all recommendations. All recommendations must be approved and/or revised by the Executive Board.

Article VI – ANNUAL HUD APPLICATION PROCESS

Section 1: The Performance and Evaluation Committee shall facilitate the review of SNJCoC renewal and new projects and shall make recommendations to the Executive Board to establish performance standards and monitoring policies and to coordinate a schedule for the submission of SNJCoC consolidated application on behalf of the SNJCoC.

Section 2: The Executive Board, upon approving the recommendations of the Performance and Evaluation Committee, or having made the changes it sees fit, will submit the final product in a timely manner to the U.S. Department of Housing and Urban Development.

Article VII – APPEALS

Section 1: Appeals should be directed in writing to the Chairperson of the Executive Board.

Section 2: Appeals may be requested for the following reasons:

- a. Error or fault in the Notice of Intent Process.
- b. Error or fault in the review of Performance.
- c. A law was violated.

Section 3: Appeals will be accepted by Chairperson of Executive Board within five (5) working days after notification of awards.

Section 4: The Executive Board will establish a process for review and disposition of all awards.

Article VIII – EXPANSION OF SERVICE AREA

Section 1: The Executive Board shall annually review written requests for expansion of the service area that are submitted during the first quarter of the calendar year.

Section 2: All written requests are submitted to the Chairperson.

Section 3: The Executive Board will establish eligibility criteria to be submitted by all potential applicants.

Section 4: The Chairperson will establish a subcommittee to review the conditions for the possible expansion of the service area.

Section 5: The subcommittee will make a recommendation to the Chairperson of the Executive Board regarding an approval or denial of expansion and the terms thereof. The Chair will bring the issue before the Board for discussion and ultimately for approval/denial.

Article IX - ADOPTION

These bylaws may be amended at a regular or special meeting of the Southern New Jersey Continuum of Care (SNJCoC) by a majority affirmative vote of the members present and voting, with final approval by the Executive Board. Amendments must be in written form and distributed to the members of the entire SNJCoC and the Executive Board at least two (2) weeks prior to presentation and vote.

These bylaws were adopted by action by the:

Camden County HNPC/CoC: _____

Cumberland County CEAS/CoC: _____

Gloucester County CEAS/CoC: _____

Homeless Management Information System (HMIS) Lead Agency

MEMORANDUM OF UNDERSTANDING

Between

Camden County

And

The New Jersey Homeless Management Information System Collaborative

This memorandum of understanding establishes the governance and structures for the partnership between New Jersey Homeless Management Information System Collaborative (hereinafter called NJHMIS Collaborative) and the county-based Continuums of Care (CoC) throughout New Jersey, New Jersey Housing and Mortgage Finance Agency (NJHMFA) and the NJ Advisory Council with regard to understanding the roles and responsibilities of each stakeholder.

I. PURPOSE AND BACKGROUND

The purpose of this Memorandum of Understanding (“MOU”) is to confirm agreements between the **Camden County CoC** serving the **County of Camden** Jurisdiction(S) and the NJHMIS Collaborative, acting through the NJHMFA, related to management of the New Jersey Homeless Management Information System (NJHMIS). The participation cost share for your **County CoC** is \$45,028.00 annually. This MOU establishes NJHMFA as the HMIS Lead Agency for the CoC, defines general understandings, and defines the roles and specific responsibilities of each party related to key aspects of the governance and operation of the HMIS Project. HMIS is mandated by the U.S. Department of Housing and Urban Development (HUD) for all communities and agencies receiving HUD CoC funds and Emergency Solutions Grant (ESG) funding. HMIS is essential to efforts to coordinate client services and inform community planning and public policy. Through HMIS, homeless households would benefit from improved coordination in and between agencies, informed advocacy efforts, and policies that result in targeted services. Analysis of information gathered through HMIS is critical to the preparation of a periodic accounting of homelessness in New Jersey, including required HUD reporting. The parties to this MOU recognize that thorough and accurate capture and analysis of data about homeless services and households is necessary to service and systems planning, effective resource allocation, and advocacy, and thus, share a mutual interest in successfully implementing and operating HMIS in New Jersey.

II. DURATION

Except as provided in Section VIII (Termination), the duration of this MOU shall be from Fiscal year November 1st through October 31st. It is anticipated that this MOU will not need to be renewed annually once agreed upon and signed.

III. GOVERNANCE AND PARTICIPATION

1. CoC Governance:

The CoC is the lead planning group for HUD-funded efforts to end homelessness and for implementing and operating a homeless CoC system in New Jersey. As such and per HUD policy, the CoC is responsible for HMIS Project oversight and implementation, which encompasses planning, administration, software selection, managing the HMIS Data Warehouse in compliance with HMIS Standards if one exists, and reviewing and approving all policies, procedures, and data management plans governing Contributing HMIS Organizations (described in section IV 4 below). The CoC’s oversight and governance responsibilities are carried out by a minimum of two representatives from each of the participating CoC’s to the Collaborative Advisory Council.

2. Purpose:

The purpose of the Advisory Council is to provide support and recommendations and directions to the HMIS Lead Agency and their CoC related to the HMIS regulations and standards as set forth by HUD and our State Partners.

3. Lead Agency Designation:

The CoC designates NJHMFA as the Lead Agency for the New Jersey Balance of State Homeless Management Information System Collaborative. The NJHMFA is charged with managing the HMIS Data System/Warehouse operations on its behalf and providing HMIS Project administrative functions at the direction of the CoC, through its Advisory Council Members.

4. Contributing HMIS Organizations (“CHO”):

A CHO is defined as an organization (inclusive of the HMIS Lead) that operates a provider program and a program-level, HMIS-compliant system (described in Section II(5) below), whether or not it is a member of the CoC, and that contributes Protected Personal Information or other client-level data to the HMIS Data System/Warehouse. CHOs must enter into Participation Agreements in order to contribute such data to the HMIS Data System/Warehouse. The authority to enter into Participation Agreements with CHOs for the purposes of ensuring compliance with all applicable HUD and CoC HMIS Project requirements, including the operation of a program-level HMIS-compliant system, rests with the HMIS Lead Agency.

5. Program-level HMIS-compliant System:

A program-level HMIS-compliant system is defined as a client management information system operated by a provider program that allows the provider program to collect the minimum required data elements and to meet other established minimum participation thresholds as set forth in a CHO HMIS Agency Participation Agreements. These systems may include CARES, AWARDS, and other data systems owned or operated by providers.

6. CHO HMIS Administrator (Agency Site Administrator):

A CHO HMIS Administrator is defined as a single point-of-contact established by each CHO who is responsible for day-to-day operation of the CHO’s data collection system, ensuring program-level data quality according to the terms of the Agency Participation Agreement and associated data quality plans. If applicable, managing the upload process from the CHO program-level HMIS-compliant system to the Lead Agency’s HMIS Data System/Warehouse.

7. End User:

An End User is defined as an employee, volunteer, affiliate, associate, or any other individual acting on behalf of a CHO or an HMIS Lead Agency who uses or enters data in the HMIS Data System/Warehouse or program-level HMIS-compliant system from which data are entered or periodically uploaded to the HMIS Data System/Warehouse.

8. Software and Hosting:

The participating CoC’s Advisory Council Members along with the HMIS Lead Agency have selected a single product—Foothold Technology Service (“FTS”)—to serve as the sole HMIS Data System/Warehouse for the New Jersey HMIS Collaborative. All CHOs are expected to regularly input or upload data, at intervals and through mechanisms specified by the HMIS Vendor or the HMIS Lead Agency, to the Data System/Warehouse. The authority to enter into contracts with FTS for the purposes of operating and overseeing the HMIS Data System/Warehouse is the responsibility of the HMIS Lead Agency.

IV GENERAL UNDERSTANDINGS

1. Funding:

- 1a. HUD Grant(s) - HMIS Project activities are funded in part by HUD CoC grants or direct payments from counties which do not have room under their HUD pro-rata share to offer a grant? The CoC authorizes NJHMFA, as the HMIS Lead Agency, to apply for and administer these funds. The terms and uses of HUD funds are governed by the HUD CoC grant agreement and applicable rules.
- 1b. Cash Match -The HUD CoC grants require a cash match. The match is made up of CHO Agency License fees and our state Partners (Department of Community Affairs and Department of Human Services) contributions.

2. Fees:

The HMIS Lead Agency annual participation license fees cover the fiscal year November 1st to October 31st. The CHOs are invoiced in November of each year. CHOs that upload HMIS data will be required to pay their own costs associated with establishing and operating their own program-level, HMIS-compliant system in accordance with the terms of the Agency Participation Agreement. At the discretion of the HMIS Lead Agency, with approval from the Advisory Council, a small annual increase can be provided to help offset costs to the HMIS Lead Agency.

3. Compliance with HMIS Standards:

It is the responsibility of the CoC to ensure that the HMIS Lead Agency is operating the HMIS Project in compliance with HUD HMIS Technical Standards (2004), HUD HMIS Data Standards (2010), other applicable laws, and any future standards HUD will release. The parties agree to update this MOU (as provided in section VII, Amendment/Notices), other HMIS Project operational documents, and HMIS Project practices and procedures in order to comply with any updates to these standards established in notices or other guidance, within the HUD-specified timeframe for such changes.

4. Local Operational Policies and Agreements:

The CoC charges the NJHMIS Collaborative, with the support of the Advisory Council, with developing and maintaining agreements, policies, and procedures. These agreements, policies and procedures include, but are not limited to, an operating policies and procedures manual for use and management of the data system/warehouse (including procedures for ensuring the security of data, disaster recovery, and data quality assurance), privacy policies and notices, data collection and technical standards for CHOs, Agency Participation Agreements, and End User Agreements. Once reviewed and approved, changes to the policies and procedures may be made from time to time at the request of NJHMFA or the CoC, through its Advisory Council Committee Members, to comply with HUD HMIS standards or otherwise improve HMIS operations. During any such modification periods, all existing HMIS policies and procedures will remain in effect until such time as the CoC Steering Committee approves the changes.

V. SPECIFIC RESPONSIBILITIES OF THE PARTIES

1. CoC Responsibilities:

The CoC shall select the representatives to the Advisory Council which serves as the lead HMIS Project governance body, providing oversight, project direction, policy setting, and guidance for the HMIS Project. The CoC exercises all its responsibilities for HMIS governance through its Advisory Council Members, with guidance from the CoC's Data Management Committee, effective as of the date of the authorization of this MOU. These responsibilities include:

- a) Ensuring and monitoring compliance with relevant HUD regulations and standards;
- b) Reviewing all official meeting minutes and all approvals, resolutions, and other key decisions of the Advisory Council that may be required by HUD rules related to the HMIS governing body;
- c) Reviewing all HMIS Lead Agency's Project policies, and procedures;
- d) Reviewing and approving all Local CHO's involvement in their CoC's HMIS;
- e) Reviewing all HMIS Lead Agency's Project policies, and procedures;
- f) Establishing data quality standards and benchmarks for all CHO's;
- g) Reviewing data quality standards and plans, and establishing protocols for addressing CHOs' compliance with those standards;
- h) Promoting the effective use of HMIS data, including measuring the extent and nature of homelessness, the utilization of services and homeless programs over time, and the effectiveness of homeless programs;
- i) Using HMIS data to inform CoC programs and system design, and measuring progress toward implementation of the CoC Strategic Plan and other CoC-established goals ;
- j) Provide all local information as necessary for compilation of the annual Housing Inventory Count (HIC), the HMIS elements of the annual Point-in-Time (PIT) Count, Annual Homeless Assessment Report (AHAR), Federal and local reports;

- k) Coordinating participation in the HMIS (and broader CoC) by all homeless prevention and assistance programs and other mainstream programs serving homeless people or working to prevent homelessness;
- l) Coordinate and producing the data quality and outcomes reports to present to CHO at monthly meetings;
- m) CoC will make the final decision on a CHO participation in their HMIS system.

2. NJHMIS Collaborative Responsibilities:

NJHMFA serves as the Lead Agency for the HMIS Project, managing and administering all HMIS operations and activities. NJHMFA exercises these responsibilities at the direction of the CoC with directions from its Advisory Council Members. These responsibilities are contingent on continued receipt of the appropriate HUD grant funding, our State Partners, User License Fees and are as follows:

a) Governance and Reporting

- Provide staffing for operation of the HMIS Project;
- Create system to generate data quality reports and analyses for review by the CoC and for submission to HUD;
- Provide, at least annually, a point-in-time unduplicated count of clients served in the HMIS (for sheltered PIT Count, AHAR, APR Pulse reports and/or other reports as required);
- Create annual report of unduplicated count of clients served in the HMIS over the course of one year (for AHAR);
- Create reports, at least annually, that can account for the lodging units in the HMIS (for HIC, AHAR, and Pulse reports, or as required); and an unduplicated count of newly homeless clients;
- Ensure the consistent contribution of data that meets all HUD-established data standards, at minimum, every program operating with funds authorized by the McKinney-Vento Act as amended by the HEARTH Act, including ESG funds;
- Work with the CoC to facilitate participation by all homeless prevention and assistance programs and other mainstream programs serving homeless people to participate in the HMIS;
- Facilitate the Collaborative Advisory Council Meetings.
- Attend local CoC and Data Committee meetings as often as possible;
- Determine the length of time that records must be maintained for inspection and monitoring purposes pursuant to HUD standards and ensure compliance with these standards;
- Respond to CoC Steering and Data Management Committee directives; and
- Provide data needed to inform CoC's progress toward achieving its Strategic Plan goals.

b) Planning and Policy Development

- Manage and maintain mechanisms for soliciting, collecting and analyzing feedback from end users, CHO HMIS Site administrators, CHO program managers, CHO Executive directors, and homeless persons;
- Identify general milestones for project management, including training and expanding system functionality, and ensure that the HMIS Action plan is carried out and regularly reviewed;
- Develop and, upon adoption by the CoC Advisory Council Members, implement written policies and procedures for the operation of the HMIS Project and HMIS Data Warehouse, including requirements and standards for any CHO, and provide for the regular update of these procedures as required by changes to policy;
- Provide assistance to the CoC adopted and implemented data quality plan consistent with requirements established by HUD, and review and update this plan annually and upon update to HUD regulations, notice, or guidance;
- Develop and, upon adoption by the CoC Advisory Council Members, implement a security plan consistent with requirements established by HUD, and review and update this plan annually and upon update to HUD regulations or guidance;
- Develop and, upon adoption by the CoC Advisory Council Members, implement a disaster recovery plan

consistent with requirements established by HUD, and review and update this plan annually according to the most current HUD regulations or guidance;

- Develop and, upon adoption by the CoC Advisory Council Members, implement a privacy policy specifying data collection limitations; purpose and use limitations; allowable uses and disclosures; openness description; access and correction standards; accountability standards; and process and protections for victims of domestic violence, dating violence, sexual assault, and stalking included in the data warehouse;
- **Ensure privacy protection in project administration; and**
- Develop and, upon approval by the CoC Advisory Council Members, execute HMIS Participation Agreements with each CHO, including:
 - Obligations and authority of the HMIS Lead and the CHO;
 - Protocols for participation in HMIS Project;
 - Requirements of the policies and procedures by which the CHO must abide;
 - Sanctions for violating the HMIS Participation Agreement; and
 - Terms of sharing and processing Protected Identifying Information between the HMIS Lead and the CHO;
 - CHO's annual participation fees to be paid to the Lead HMIS Agency.

c) Grant Administration

- Prepare and submit NOFA Project Applications for HUD's HMIS grants for those counties that allowed grant funds to the Lead HMIS Agency via E-SNAPS;
- Create annual budgets outlining the most efficient resource allocation to meet HMIS Project requirements;
- Support HMIS by funding eligible HMIS activities with eligible matching sources to serve as the HUD-required match;
- Manage spending for both HUD grants and matching funds;
- Manage the reimbursement payment process and maintain records of all reimbursement documents, funds, approvals, denials, and other required or relevant records;
- Ensure accurate and regular (quarterly, at minimum) draw down of HUD grant funding; and
- Complete and submit APR for HUD grants.

d) System Administration

- Oversee the day-to-day administration of the HMIS system;
- Manage contracts for FTS, which includes training for CHOs and DHS staff, and licensing of HMIS Server;
- Ensure HMIS software meets the minimum data and technical functionality requirements established by HUD in rules or notices, including un-duplication, data collection, maintenance of historical data, reporting (including HUD-required reports, data quality and audit reports), and any other requirements established by HUD or our State Partners (Department of Community Affairs & Department of Human Services);
- Ensure HMIS data processing capabilities, including the collection, maintenance, use, disclosure, transmission, and destruction of data and the maintenance of privacy, security, and confidentiality protections;
- Develop standard reports and queries of HMIS data (e.g., data quality report, CoC quarterly report, etc.);
- Oversee and relate small- and large-scale changes to the HMIS software through coordination with Staff, the CoC's Advisory Council Members, and CHO HMIS administrators, if applicable;
- Maintain continuous End users trainings and CHO User Group meetings to discuss implementation of policies and procedures and data entry and upload processes when and if feasible;
- Update contact list of HMIS administrators for all CHOs in conjunction;
- Maintain original copies of all CHO's Participation Agreements and other required documents the end users must sign in a fire proof cabinet; and
- Maintain original copies of all CoC's MOU's agreements in a fire proof cabinet;

e) End-User Administration

- Provide or coordinate technical assistance and support structure;
- Document technical issues experienced by providers;
- Develop and deliver a comprehensive training curriculum and protocol, including accompanying tools and resources, that:
 - Includes, but is not limited to, data entry requirements and techniques, client confidentiality and privacy requirements, data security and data quality;

- Requires all CHO Site Administrators to participate in trainings; it is the responsibility of the CHO Site Administrator to ensure end users at the CHO receive training and HMIS information;
- Is encouraged for all HMIS end users, including intake staff, data entry staff and reporting staff at all CHOs;
- Is offered, at a minimum, monthly;
- Is offered in a manner that assures every new end user completes training prior to or shortly after collecting any HMIS data or using the HMIS; and
- Is conducted in a manner that assures every current end user completes a training update at least annually.

f) Data Quality and Compliance Monitoring

- Consistent with the CoC data quality plan, support the data quality plan by developing report tools needed;
- Consistent with the CoC data quality plan, develop reporting tools to allow monitoring of established data quality benchmarks for CHOs, including bed coverage rates, service-volume coverage rates, missing/unknown value rates, timeliness criteria, and consistency criteria;
- Consistent with the CoC's data quality plan, run and disseminate data quality reports on a quarterly basis to CHO programs indicating levels of data entry completion, consistency with CoC program models, and timeliness;
- Consistent with the CoC data quality plan, provide quarterly reports on HMIS participation rates, data quality and other analyses to the CoC and Data Management Committee; and
- Monitor compliance by all CHOs with HMIS participation requirements, policies and procedures, privacy standards, security requirements, and data quality standards through an annual review per the process outlined in the Agency Participation Agreement and approved by the CoC Advisory Council Members.

G) Examples of Data Quality:

The CoC in collaboration with the HMIS Lead Agency are jointly responsible for ensuring that the HMIS data processing capabilities, including the collection, disclosure, transmission, and destruction of data and the maintenance privacy, security, and confidentiality protections.

The CoC will set benchmarks that will measure the reliability and validity of the data collected in the AWARDS application. Timely and accurate data is considered to be within 3 days of a client's admission into your program.

Example:

Looking at a particular data element and assessing how many client records have blank or missing data helps analyze how reliable the data is. The more clients with missing or incomplete information, the less valid the data is.

Data Quality benchmark 5 % or less missing

Data Quality Plan

- Rationale behind its inclusion
- Factors to address for relevant component
- Special Issues and Exceptions to be considered
- Set benchmarks as a starting point for discussion, and make them based on the program types

Timeliness Criteria Benchmark

- Intake data should be entered in the HMIS AWARDS application within 3 days.
- Services and special issues data is to be entered into the HMIS system within 2 days of the client being serviced.
- A client must be discharged from the HMIS AWARDS system within 2 day after leaving a program.

Overall Goals

- No less than 5% of incomplete data for all HUD Universal and Program Specific Elements data
- Complete and accurate data for the month must be entered into the HMIS AWARDS system by the last Friday of the month.
- Uploading programs will not follow the above benchmarks and instead will upload their data in accordance to the guidelines setup with the CoC

VI. DATA ACCESS AND MANAGEMENT:

NJHMFA's authorized staff shall manage the data that is maintained in the FTS data system/warehouse and will have access to all data entered by CHOs. NJHMFA staff will only use the data for purposes having to do with the CoC. The CoC and State Partners will have access to aggregated and/or otherwise de-identified data that have met quality assurance standards as stipulated by NJHMFA HMIS staff.

VII. AMENDMENT/NOTICES:

This MOU may be amended in writing by either party once amendments have been approved by a majority of the Advisory Council Members. Notices shall be mailed or delivered to NJHMIS Collaborative, Assistant Director of HMIS at New Jersey Housing and Mortgage Finance Agency – 637 South Clinton Avenue – P.O. Box 18550 Trenton, New Jersey, 08650-2085

VIII. TERMINATION:-

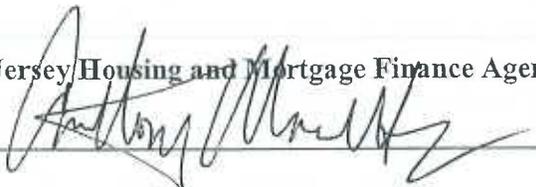
Either party may terminate this MOU at a date prior to the renewal date specified in this MOU by giving sixty (60) days written notice to the other party. If the funds relied upon to undertake activities described in this MOU are withdrawn or reduced, or if additional conditions are placed on such funding, any party may terminate this MOU within thirty (30) days by providing written notice to the other parties. The termination shall be effective on the date specified in the notice of termination.

This MOU will replace the current agreement between the Continuum of Care and the HMIS Lead Agency commencing upon the signature of the parties.

For the Camden County Continuum of Care (CoC) serving the County of Camden Jurisdiction(S)

Signed:  Date: 10-2-13
County and/or Continuum of Care Representative

Title: CHAIRMAN, Homeless Network Planning Committee
(HNPC)

For the New Jersey Housing and Mortgage Finance Agency
Signed:  Date: 10/15/13
Executive Director of HMFA or Designee.



**NEW JERSEY HOMELESS MANAGEMENT
INFORMATION SYSTEM
Policies & Procedures Manual**

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Introduction

New Jersey's HMIS is a collaborative effort between the New Jersey Housing Mortgage Finance Agency (HMFA), the dedicated lead agency, and seventeen of New Jersey's Continuums of Care. The Continuums of Care, individually or as a group, have an ongoing role in giving input into HMIS policy decisions within the parameters established by the U.S. Department of Housing and Urban Development (HUD). The Continuums of Care retain the right to withhold support for HMIS.

New Jersey's HMIS project is governed by a HMIS Steering Committee, which will include representatives from NJ HMFA, New Jersey's Department of Community Affairs, and New Jersey's Department of Human Services.

A New Jersey HMIS Advisory Council will meet quarterly to review recommendations for system-wide changes in functionality and system-flow. The Advisory Council consists of a maximum of two representatives from each participating Continuum of Care, as well as representatives from NJ HMFA. All Continuum of Care representatives will participate in the Advisory Council on a voluntary basis, and representatives will be selected by their home CoC. The CoC's are responsible for communicating the identities of their Advisory Council representatives to NJ HMFA.

All organizations participate in the HMIS Advisory Council on a voluntary basis and select their own representatives. Organizations are responsible for communicating with NJ HMFA about the identity of their respective representatives.

The methods of communication between the System Administrator and the participating agencies will be via electronic mail or telephone.

This manual contains all of the most current operational policies and procedures related to New Jersey's Homeless Management Information System (NJHMIS). It is expected that Policies and Procedures will be removed, added, and modified as circumstances dictate. That is why this manual is designed to be modular. Because the *HMIS Policies and Procedures Manual* is contained in a loose-leaf notebook, outdated policies and procedures can easily be removed, and updated policies and procedures can easily be inserted.

For more information regarding NJHMIS Policies and Procedures, please contact Abram Hillson, New Jersey Housing Mortgage Finance Agency, at 609-278-7567 or ahillson@njhmf.state.nj.us.

Confidentiality, Privacy, and Security

HMIS Privacy & Security Standards

Federal Register – July 30, 2004

Section 4

- Based on principles of fair information practices & security standards recognized by the information privacy & technology communities
- Developed after careful review of the HIPAA standards
- Baseline standards required by any organization that records, uses or processes PPI on homeless clients for a HMIS.
- Additional protocols or policies to enhance further privacy & security for individual agencies, as deem appropriate
- Organizations must comply with federal, state and local laws re: confidentiality protections
- Two-tiered approach: minimum must meet the baseline privacy & security requirements/Some agencies may adopt higher levels of security due to nature of homeless population

Section 4.1.1 Definition of Terms

- Definitions:
Protected Personal Information (PPI) – any information maintained about a living homeless client or individual that identifies/manipulated/linked to a specific individual
Covered Homeless Organization (CHO)-any organization that records, uses or processes PPI on homeless clients for a HMIS
Processing-any operation or set of operations performed on PPI for collection, maintenance, use, disclosure, transmission & destruction of information
HMIS Uses and disclosures – uses and disclosures allowed by these standards

Section 4.1.2 Applying HMIS Privacy & Security Standards

- Any CHO covered under HIPAA, is not required to comply with privacy/security standards, if, a substantial portion of its PPI is protected health information as defined in HIPAA. (See Exemptions) HMIS standards give precedence to the HIPAA rules: 1) HIPAA rules more finely attuned to requirements of health care system; 2) important privacy & security protections; 3) unreasonable burden to follow two sets of rules
- IF PPI does not fall under standards in this section; must be described in privacy notice with explanation of reason not covered. Disclosure requirement necessary if other standards are being used other than the HMIS standards

Section 4.1.3 Allowable HMIS uses & disclosures of PPI

- Allowable uses: 1) provide or coordinate services; 2) services related to payment or reimbursement; 3) carry out administrative functions; 4) creating de-identified PPI
- Uses/disclosures required by law-must comply & be limited to the requirements of the law
- Uses and disclosures to avert a serious threat to health or safety
- Uses and disclosures about victims of abuse, neglect or domestic violence
 - Required by law and complies with and limited to requirements of law
 - If client agrees to disclosure
 - Authorized by statute or regulation; necessary to prevent serious harm or if individual is incapacitated and not intended to be used against individual
 - Must inform individual that a report has been made; See Exception
- Uses and disclosures for academic research; must be formal relationship-See section for further discussion
- Disclosures for law enforcement purposes; court order, warrant, subpoena or summons. **See section for further discussion**

Section 4.2 Privacy Requirements

- Must comply with baseline privacy requirements
 - Data collection limitations
 - Data quality
 - Purpose use limitations
 - Openness
 - Access & correction
 - Accountability
- May adopt additional substantive & procedural privacy protections that exceed baseline standards
- Comply with federal, state and local laws
- Must be described in privacy notice
- Maintain a common data storage medium with another organization for sharing of PPI; responsibility for privacy & security by both organizations; must comply with HMIS standards and allow for un-duplication of homeless clients at CoC level

Section 4.2.1 Collection Limitation

- Collection of PPI only when appropriate to the purposes for which information is obtained or required by law
- Collect by lawful and fair means with knowledge and consent of individual
- Post a sign at each intake desk, which explains reasons for collection
- Additional Privacy Protections – In Privacy Notice commit to additional privacy protections consistent with HMIS requirements; 1) restricting collection of PPI; 2) collection PPI only with express knowledge; 3) oral/written consent from individual/third party

Section 4.2.2 Data Quality

- PPI collected must be relevant to the purpose for which it is to be used
 - Accurate, complete and timely
- Develop & implement plan to dispose of or, remove identifiers seven (7) years after creation or last changed See **Section 4.3 for further discussion**

Section 4.2.3 Purpose Specification/Use Limitation

- Specify in Privacy notice purposes for collecting PPI and describe all uses and disclosures
- If not disclosed in Privacy notice must have consent of individual
- Additional Privacy Protections
 - Must be consistent with HMIS requirements
 - Seek oral/written consent for some or all processing
 - Agree to additional restrictions at request of individual
 - Limiting uses/disclosures as stated in privacy notice
 - No disclosure of PPI unless required by statute
 - Maintain audit trail containing date, purpose & recipient
 - Make audit trails available to homeless individual
 - Limit disclosure of PPI to minimum necessary for purpose

Section 4.2.4 Openness

- Publish Privacy Notice, describe policies & practices, provide copy upon request
- Current version on web page
- Must post sign stating availability of privacy notice
- Privacy notice must state may be amended at any time; amendments may affect information obtained prior to change, unless otherwise stated
- Amendments must adhere to HMIS privacy standards
- Must maintain permanent documentation of all amendments
- Provide accommodations for persons with disabilities throughout data collection process See **Section for further discussion**
- Provide required information in other languages other than English, common to community
- Additional Privacy protections-See **section for further discussion**

Section 4.2.5 Access and Correction

- Must allow client to inspect and obtain copy of any PPI about client
- Must offer explanation of any questions
- Must consider any request by client for correction of inaccurate or incomplete PPI pertaining to client
- A CHO is not required to remove PPI information, may mark information as inaccurate or incomplete and may make additions
- Privacy Notice may reserve the ability to deny client to inspect and obtain copy

- Litigation or comparable proceedings
- Information about another individual
- Promise of confidentiality, if disclosure would reveal source of information
- Information that would endanger the life or physical safety of individual
- Upon denial to inspect or obtain copy, CHO must explain reason for the denial, include request documentation as part of PPI
- Additional Privacy Protections-CHO may in its privacy notice, commit to additional privacy protections consistent with HMIS requirements
 - Adopt own appeal procedure and describe within privacy notice
 - Limit grounds for denial, by not stating specific basis for denial
 - Allow client to add disagreement to PPI and allow to share disputed information to another person
 - Provide written explanation of reason for denial

Section 4.2.6 Accountability

- Establish procedure for accepting/considering questions/complaints about privacy and security policies and practices
- A CHO must require all staff members to sign a confidentiality agreement acknowledging receipt of a copy of privacy notice and pledges to comply with privacy notice
- Additional Privacy Protections- 1) may request staff to undergo formal training in privacy requirements; 2) Establish method for regularly reviewing compliance with privacy notice; 3) Establish internal/external appeal process for appeal of privacy complaint; 4) Designate a chief privacy officer for implementation of privacy standards

Section 4.3 Security Standards

- All CHOs must comply with baseline security requirements

Section 4.3.1 System Security

- Must apply system security provisions to all systems where PPI is stored
 - System Networks
 - Desktops
 - Laptops
 - Mini-computers
 - Mainframes
 - Servers
- Additional Security Protections-1) apply system security provisions to electronic and hard copy information that is not collected for HMIS; 2) May seek outside collaboration for performing internal security audit and certify system security
- HMIS systems must have a user authentication system consisting of a username and a password; passwords must be at least eight characters long and meet reasonable industry standard requirements

- At least one number and one letter
 - Not using the username, the HMIS name or the HMIS vendors name
 - Not consisting entirely of any word found in the common dictionary or any of the above spelled backwards
 - Default passwords on initial entry, must be changed upon first use
 - Written user access may not be stored or displayed in public access area
 - Individual users must not have access to more than one workstation or long on to the network at more than one location at a time
 - Additional Security Protections- 1) upper and lower case letters; 2) numbers; 3) symbols
 - Complex passwords-Use phrases, not individual words; capitalize each new word; substitute numbers and symbols for letters; eliminate spaces between words
- CHOs must protect HMIS systems by using commercial virus protection software
 - Must include automated scanning of files, as accessed by users
 - Must regularly update virus definitions from software vendor
 - May commit to automatically scanning all files for viruses when system turned on, shut down or not actively being used
 - Must have secure firewall between workstation and any systems
 - Modem access must have own firewall
 - Central server access, server must have firewall
 - Older operating systems may need to be equipped with secure firewalls
 - Additional security protections-Apply firewall to all workstations
 - Public Access-Public forums for data collection or reporting must be secured to allow connections from pre-approved computers and systems through Public Key Infrastructure (PKI) certificates; or extranets that limit access **See Section for further discussion**
 - Physical Access to Systems with HMIS Data-Computers must be staffed at all times when located in public areas
 - Steps to ensure that the computers and data is secured at all times
 - Workstations should automatically turn on a password protected screensaver when workstation temporarily not in use; time for password protection can be regulated by CHO
 - Staff should log off and shut down data entry system when gone for an extended period of time
 - **See section on additional security protections**
 - All HMIS data must be copied to another medium on a regular basis and store in a secure of-site location
 - Central server must be stored in a secure room with appropriate temperature control and fire suppression systems
 - Surge protectors must be used
 - CHOs must reformat storage medium when deleting all HMIS data; reformat storage medium more than once before reusing or disposing the medium

- Appropriate methods in place to monitor security systems
- HMIS data must maintain a user access log; logs must be checked routinely

Section 4.3.2 Application Security

- Apply application security provisions to software during data entry, storage and review or any other processing function
- All HMIS data must be encrypted when electronically transmitted
- Current standard is 128-bit encryption
- **See section regarding unencrypted data**
- All HMIS data must be stored in a binary, not text, format
- All paper or other hard copy containing PPI for HMIS must be secured
 - Reports
 - Data entry forms
 - Signed consent forms
- All paper or other hard copy containing PPI must be supervised at all times when in public area

a. Protected Personal Information

Any information that can be used to identify a particular individual is protected personal information. HMIS users and developers must consider the following as protected personal information of an individual and his or her relatives, employers, or household members:

- Names
- All geographic subdivisions smaller than a state, including street address, city, county, precinct, zip code, and their equivalent geo codes.
- All elements of dates (except year) directly related to an individual, including birth date, admission date, discharge date, and date of death.
- Telephone numbers
- Social Security numbers
- Medical record numbers
- Vehicle identifiers and serial numbers, including license plate numbers
- Device identifiers and serial numbers
- Any other unique identifying number, characteristic, or code

b. Unidentifiable Data

Agency data will always be extracted and published at the non-identifiable level. The AWARDS ID will be used to link clients across agencies and, by linking clients at the non-identifiable level, will preserve client anonymity. In addition, the Common Index provides a method of developing unduplicated client counts across agencies.

- All client data retrieved for custom reports will be individual, yet non-identifiable data. (For example, a client name “Mary Smith” will never show up in a report as “Mary Smith,” but as “SD123FGH”.)
- All HMIS data that are electronically transmitted over publicly accessible networks or phone lines will have at least 128-bit encryption, which is the industry standard. Unencrypted data may be transmitted over secure direct connections. A secure direct connection is one that can only be accessed by users who have been authenticated on at least one of the systems involved and does not utilize any tertiary systems to transmit data.
- All HMIS protected data must be stored in a binary, not text, format. Protected personal information shall be stored in an encrypted format using at least a 128-bit key.

c. Release of Information

Explicit authority and permission from clients is required before basic identifiable client information can be released. Client information may also be released as permitted under Medicaid, state, and federal statutes. In addition, the clients have the right to have access to their own data.

- A Client Consent-Release of Information for Data Sharing form must be signed by a client upon intake (even to low-barrier shelters) before any information can be shared.
- If a client receives financial assistance that information will become visible to all of the partner agencies, except public (county, state or federal) that does cash disbursements on behalf of clients.
- All HMIS Participating Agencies will be required to follow all current data security practices detailed in the Policies and Procedures manual, and adhere to the ethical data use standards, regardless of the location where agency users connect to HMIS.
- The client will have access on demand to view, or keep a printed copy of, his or her own records contained in the HMIS.
- A privacy notice shall be prominently displayed in the program offices where intake occurs. The content of this privacy notice shall be in accordance with *HMIS Data and Technical Standards Notice* of July 30, 2004.
- An individual has the right to receive an accounting of disclosures of protected personal information made by a HMIS user or developer in the six years prior to the date in which the accounting is requested, except for disclosures for national security or intelligence purposes or to correctional institutions or law enforcement officials.
- Each Continuum of Care is required to have a written policy governing its use and disclosure of information collected by HMIS.

d. Client Consent to Share Data

Clients must be informed about the intended use of personal client information at the time the information is collected. Agencies are responsible for having the proper procedures in place to ensure the consent to use the information in the intended manner is understood by the client.

- A verbal explanation should include a description of NJ HMIS, how the information will be used, how it will be protected, and the advantages of providing accurate information.
- The consent procedure should document the information being shared and with whom it is being shared. After the consent procedure has been explained, the provider should request client to sign the Consent form.
- It is critical that every agency post at the intake area the NJ HMIS Collaborative's "Reason for collecting Protected Personal Information" Poster.
- The user is then responsible for checking the appropriate box on the intake form within the AWARDS system indicating which option of sharing the client has chosen.

e. HMIS Security

System Administrators and Site Administrators are responsible for validating, establishing, and granting security permissions and making sure security procedures are followed.

- Each agency is responsible for administering its own users (e.g., setting up user IDs, passwords, etc.).
- The System Administrator will provide a user ID and temporary password for each Site Administrator.
- The Site Administrators will provide a user ID and temporary password for each agency user.
- User names will be unique for each user.
- The System Administrator will have access to the complete list of users.
- The Site Administrator is responsible for terminating former employees.
- Any paper or other hard copy generated by or for HMIS that contains identifiable information must be under constant supervision by an HMIS user or developer when in a public area. When staff members are not present, the information shall be secured in areas that are not publicly accessible.
- Written information, specifically pertaining to user access (user name and password) shall not be stored or displayed in any publicly accessible location.

User IDs and Passwords

Password protection has been used for many years to control access to computer information. Your computer password is your personal key to a computer system. Passwords help to ensure that only authorized individuals access computer systems. Passwords also help to determine accountability for all transactions and other changes made to system resources, including data. If you share your password with a colleague or friend, you will be giving an unauthorized individual access to the system.

The relevant authorized user(s) will be held responsible if an unauthorized individual uses their access privileges to damage the information on the system or to make unauthorized changes to the data.

Simple rules for passwords

- Passwords should be kept confidential and should never be shared.
- Passwords should not be written down.
- Never use the same password twice. When you are selecting a new password, choose one that is quite different from your previous password.
- AWARDS passwords must be a minimum of eight characters.
- Passwords should not be trivial, predictable, or obvious.
- *Obvious* passwords include names of persons, pets, relatives, cities, streets, your user ID, your birth date, car license plate, and so on.
- *Predictable* passwords include days of the week, months, or a new password that has only one or two characters different from the previous one.
- *Trivial* passwords include common words like 'secret', 'password', 'computer', etc.
- Your password should not be the same as your user ID.

Rules for User IDs and Passwords

- DO NOT share your password with anyone else.
- DO NOT use someone else's ID or password. If you need more access than you presently have or if you are having problems with your access, contact your Site Administrator for help.
- DO NOT use obvious, trivial, or predictable passwords. Obvious, predictable and trivial passwords include: names of relatives or pets; street names; days and months; repetitive characters; dictionary words; and common words such as PASSWORD, SECURITY, SECRET, etc.
- BEWARE of "shoulder surfers". These are people who stand behind you and look over your shoulder while you are keying in your password or PIN, or while you are working with confidential information.
- DO NOT use your access level to enable other individuals to access information that they are not authorized to access, or to submit transactions that they are not authorized to submit.
- NEVER write down your passwords or post them on your terminal or other obvious places.
- ALWAYS change the initial password assigned to you by your administrator as soon as you receive it.
- LOG OFF when you are finished using your terminal or workstation, or if you are stepping away from your desk, even momentarily.
- If you are going to be away from the office for an extended period

- (e.g., maternity leave or vacation), ask your Site Administrator to get your ID temporarily suspended. Your ID will be reactivated when you return.

f. Data Access Location

Users should use precautions when accessing NJHMIS via the Web from public locations where the potential exists for viewing of client information by unauthorized persons.

g. Ethical Data Use

Every user bears primary responsibility for the material he or she chooses to access, store, print, send, display, or make available to others.

Appropriate use of the NJ HMIS modules includes, for example:

- Respect for the rights of others
- Respect for the property of others
- Consideration of other persons using shared systems
- Confidentiality in use of passwords and personal identification numbers
- A presumption of the right to privacy
- Use of tools for the purpose for which they are intended
- Adherence to the etiquette and culture as defined in systems that you use

Inappropriate use of the HMIS modules includes, for example:

- Unauthorized access, alteration, destruction, removal, and/or disclosure of data and/or information
- Disclosure of confidential passwords or personal identification numbers
- Malicious or unethical use, and use that violates federal laws

h. Security Audits

The NJHMIS Technical Assistants will perform regular security audits to ensure the security of HMIS data.

Access to HMIS

On your Web browser type:

<https://njhmis.footholdtechnology.com>

a. HMIS Customization

- Agencies may request more user licenses, custom reports, and interagency data integration products.
- Agencies will not be able to customize HMIS itself. However, agencies will be able to request additional reports, provide changes to the reports, and request software changes.
- If an agency chooses a system(s) other than the AWARDS system to collect HMIS data, that agency is responsible for customizing and maintaining that system(s).

b. Agency Participation Fee

- Each Participant will be charged an annual participation fee to be involved in the NJHMIS Collaborative. The annual fee will be invoiced and payable to the NJHMFA. The initial annual fee in the amount of five hundred (\$750.00) dollars is due prior to the Participant's activation in the NJHMIS system. The annual fee is subject to change, and is the sole discretion of the NJHMFA.

c. User Activation

- Each user will be provided with a user ID and temporary password by the System Administrator or Site Administrator.
- The Site Administrator will take full responsibility for ensuring that their respective agency users are trained on the use of the HMIS modules, and that the user has knowledge of all HMIS policies and procedures.

d. Breach of System or Client Confidentiality Penalty

- Any Agency that is found to have had breaches of system security and/or client confidentiality shall enter a period of probation, during which time technical assistance shall be provided to help the Agency prevent further breaches.
- Probation shall remain in effect until the NJHMIS Assistant Director has evaluated the Agency's security and confidentiality measures and found them compliant with the policies stated in this Agreement and the User Policy, Responsibility Statement, and Code of Ethics Agreement.
- Subsequent violations of system security will result in suspension from the system.

Hardware

NJ HMIS Collaborative Hardware Technical Specifications

The following information are for those agencies looking to purchase new hardware. These are not hardware requirements for using AWARDS. The AWARDS application is a web base system, which does not load any software onto your local machines. If your current system has Internet access you will be able to access AWARDS.

1. Minimum Recommendations for computer equipment/software.

PIII w/256k RAM

Microsoft Windows 98 or above with IE Browser
Communication

Ethernet RJ45 connection - Cable/DSL

Or

Phone Line - RJ11 connection

10 Gig Hard drive (not required for AWARDS, for agency use only)

CD-ROM Drive

2. Recommended software for your local desktop computers.

This software is not required for AWARDS, but would help protect your local computers.

Antivirus

Spy ware or Spam Blocker

3. Recommended software for your local servers.

This software is not required for AWARDS, but would help protect your servers.

Antivirus

Firewall

Spy ware or Spam Blocker

(Look to Techsoup.com for non-profit costs on software.)

a. Participating Agency Hardware/Software Requirements

New Jersey's HMIS implementation will require agencies to have a minimum of one Personal Computer ("PC hardware") with Internet connectivity, preferably high-speed – cable, broadband, etc. ("communication hardware"); and one printer ("print hardware"). For the purposes of this document, "HMIS Hardware" refers to all of the above three categories of hardware.

b. Participating Agency Technical Support Requirements

Participating agencies are responsible for providing their own technical support for all hardware and software systems used to connect to HMIS.

- Ongoing maintenance and support of Personal Computer and Printer hardware will also be the responsibility of the agency.
- Personal Computer and Printer hardware support will be limited to product warranty directly from the manufacturer. Agencies agree to deal directly with manufacturer(s) during product warranty periods.
- New Jersey's HMIS Implementation is not responsible for any hardware or software upgrades, replacements, or warranty. Agencies will be required to ensure that the supplied hardware continue to meet the minimum standards prescribed by the HMIS application vendor.
- Communication and Internet connection difficulties will be managed between the agencies and the appropriate Internet Service Provider selected by that agency.
- The HMIS Help Desk will provide troubleshooting and problem analysis/triage related to HMIS application usage. If any difficulty is traced to agency hardware or agency Internet connection, the HMIS Help Desk will not be obligated to interface directly with any hardware manufacturer and/or ISP. The HMIS Help Desk will attempt to continue to support and assist the agencies until resolution of the issue/problem, but the primary responsible entity for resolving hardware and Internet communication problems will be the agency. The HMIS Help Desk will be the primary responsible entity for resolving application-specific HMIS problems.

New Jersey HMIS Required Data Elements

a. Required Data Collection

Each agency will be required to collect all data elements as listed below. An agency is responsible for what data they enter into HMIS beyond the HUD HMIS Required Data Elements.

UNIVERSAL DATA ELEMENTS

- * Name
- * Social Security number
- * Date of birth
- * Ethnicity and race
- * Gender
- * Veteran status
- * Disabling condition
- * Residence prior to program entry
- * Zip code of last permanent address
- * Program entry date
- * Program exit date

Program-Specific Data Elements:

- * Income and sources
- * Non-cash benefits
- * Physical disability
- * Developmental disability
- * HIV/AIDS
- * Mental health
- * Substance abuse
- * Domestic violence
- * Services received
- * Destination
- * Reasons for leaving
- * Employment
- * Education
- * General health status
- * Pregnancy status
- * Veterans' information
- * Children's education

Details about each of these categories may be read in HUD's Federal Register Final Notice FR 4848-N-02 dated July 30, 2004. The relevant pages are 45905-45927.

**LISTING OF AWARDS INTAKE SCREEN ELEMENTS AND THEIR
REQUIRED RESPONSES:**

(All required elements have an Asterisk next to them)

Intake Date: (MM/DD/YY)

Shelter Bed:

Primary Worker

Referred by:

First Name*:

Middle Name:

Last Name*:

Suffix:

Alias:

Birth Date*: (MM/DD/YY)

Social Security #*: (999-99-9999 if unknown)

SSN Data Quality*:

1 = Full SSN reported.

2 = Partial SSN reported.

3 = Don't know or don't have SSN.

4 = Refused.

Gender*:

Male

Female

Trans-Male

Trans-Female

Ethnicity*:

0 = Non-Hispanic/Latino.

1 = Hispanic/Latino.

Race*: (multiple choices)

1 = American Indian or Alaska Native.

2 = Asian.

3 = Black or African-American.

4 = Native Hawaiian or Other Pacific Islander

5 = White

Chronically Homeless*:

Yes

No

Date Left Last Permanent Residence:

Zip Code of Last Permanent Address*:

Zip Code Data Quality*:

1 = Full Zip Code Recorded.

8 = Don't Know.

9 = Refused.

Residence Prior to Program Entry*:

1 = Emergency shelter (including a youth shelter, or hotel, motel, or campground paid for with emergency shelter voucher).

2 = Transitional housing for homeless persons (including homeless youth).

3 = Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab).

4 = Psychiatric hospital or other psychiatric facility.

- 5 = Substance abuse treatment facility or detox center.
- 6 = Hospital (non-psychiatric).
- 7 = Jail, prison or juvenile detention facility.
- 8 = Room, apartment, or house that you rent.
- 9 = Apartment or house that you own.
- 10 = Staying or living in a family member's room, apartment, or house.
- 11 = Staying or living in a friend's room, apartment, or house.
- 12 = Hotel or motel paid for without emergency shelter voucher.
- 13 = Foster care home or foster care group home.
- 14 = Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside).
- 15 = Other.
- 16 = Don't Know.
- 17 = Refused.

Length of Stay at Previous Residence*:

- 1 = One week or less.
- 2 = More than one week, but less than one month.
- 3 = One to three months.
- 4 = More than three months, but less than one year.
- 5 = One year or longer.

Marital Status*:

- Single
- Married
- Common Law
- Divorced
- Separated
- Remarried
- Widow(er)

Individual/family Type*:

- Individual Male
- Individual Female
- Individual Male Youth (< 18)
- Individual Female Youth (< 18)
- Single Parent Family - Male Head
- Single Parent Family - Female Head
- Single Parent Family - Youth Head
- Two Parent Family - Adult
- Two Parent Family - Youth
- Adult Couple without Children

of Children*: 0-9 (if greater than zero, age and gender for each child)

Income Sources*: (check all appropriate sources and enter dollar amount)

- 1 = Earned Income
- 2 = Unemployment Insurance
- 3 = Supplemental Security Income or SSI
- 4 = Social Security Disability Income (SSDI).
- 5 = A veteran's disability payment
- 6 = Private disability insurance
- 7 = Worker's compensation
- 8 = Temporary Assistance for Needy Families (TANF)
- 9 = General Assistance (GA) (or use local program name).
- 10 = Retirement income from Social Security
- 11 = Veteran's pension
- 12 = Pension from a former job
- 13 = Child support
- 14 = Alimony or other spousal support

- 15 = Other source
- 16 = No financial resources.

Non-Cash Benefits:

- 1 = Food stamps or money for food on a benefits card
- 2 = MEDICAID health insurance program (or use local name)
- 3 = MEDICARE health insurance program (or use local name)
- 4 = State Children's Health Insurance Program (or use local name)
- 5 = Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- 6 = Veteran's Administration (VA) Medical Services
- 7 = TANF Child Care services (or use local name)
- 8 = TANF transportation services (or use local name)
- 9 = Other TANF-funded services (or use local name)
- 10 = Section 8, public housing, or other rental assistance
- 11 = Other source

Disabling Condition*:

- Yes
- No
- Don't Know

General Health:

- 1 = Excellent
- 2 = Very good
- 3 = Good
- 4 = Fair
- 5 = Poor
- 8 = Don't Know

Currently Pregnant*:

- Yes
- No
- (If Yes, Due date: MM/DD/YY)

Special Needs: (Check all that apply)

- Mental Illness
- Alcohol Abuse
- Drug Abuse
- HIV/AIDS
- Mental Retardation/Development Disability
- Domestic Violence
- Other: (specify)

If Yes to Mental Illness:

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:

- Yes
- No

If Yes to Drug/Alcohol Abuse:

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently:

- Yes
- No

If Yes to Domestic Violence, when did experience occur:

- 1 = Within the past three months
- 2 = Three to six months ago

- 3 = From six to twelve months ago
- 4 = More than a year ago
- 8 = Don't know
- 9 = Refused

Employment Status*:

- Yes
- No

of Hours worked in the past week: (#)

Employment Tenure:

- 1 = Permanent
- 2 = Temporary
- 3 = Seasonal

Looking for Work (if not currently employed):

- Yes
- No

Highest Level of School Completed*:

- 0 = No schooling completed
- 1 = Nursery school to 4th grade

INTAKE SCREEN ELEMENTS continued

- 2 = 5th grade or 6th grade
- 3 = 7th grade or 8th grade
- 4 = 9th grade
- 5 = 10th grade
- 6 = 11th grade
- 7 = 12th grade, No diploma
- 8 = High school diploma
- 9 = GED
- 10 = Post-secondary school

Current Student*:

- Yes
- No

Post-Secondary Degree *:

- None
- Bachelors
- Associates
- Masters
- Doctorate
- Other graduate/professional degree

Received vocational training or apprenticeship certificate*:

- Yes
- No

Veteran's Status*:

- Yes
- No
- Don't Know
- Refused

Birth Place:

Citizen:

- US Citizen

Registered Alien
Undocumented Alien

Alien Registration:

Homeless Cause

Homeless Duration:

Previous Living Situation*:

Rental Housing

Streets

Correctional

Psychiatric Facility

Emergency Shelter

Transitional Housing

With Family or Friends

Treatment Facility

Others

Own Home

Primary Language:

English

Spanish

French

Chinese

Arabic

Hebrew

Hindi

Russian

Sign Language

Other

Creole

Greek

Italian

Japanese

Vietnamese

Braille

Services Sought: (check all that apply)

Shelter/Housing

Drug Treatment

Mental Health Care

Medical Care

Legal Aid - CRJS/Civil

Legal Aid – immigration

Emergency Contact

Address

Relation:

Grandparent

Parent

Stepparent

Sibling

Guardian

Uncle

Aunt

Spouse

In-Law
Cousin
Friend
Provider

Phone:

LISTING OF AWARDS DISCHARGE SCREEN ELEMENTS AND THEIR REQUIRED RESPONSES:

(All required elements have an Asterisk next to them)

Resident: (displayed)

Gender: (displayed)

Birth Date: (displayed)

Admission: (displayed)

Address: (displayed)

Referral Source: (displayed)

Discharge Date*: (MM/DD/YY)

Reason for Discharge*:

- Left for a housing opportunity before completing the program.
- Completed program.
- Non-payment of rent/occupancy charge
- Non-compliance with project
- Criminal activity / destruction of property / violence
- Reach maximum time allowed in project
- Needs could not be met by project
- Disagreement with rules/persons
- Death
- Other
- Unknown/disappeared

Monthly Income At Discharges: (Displayed from income choices below)

Income Sources*: (check all appropriate sources and enter dollar amount)

- 1 = Earned Income
- 2 = Unemployment Insurance
- 3 = Supplemental Security Income or SSI
- 4 = Social Security Disability Income (SSDI).
- 5 = A veteran's disability payment
- 6 = Private disability insurance
- 7 = Worker's compensation
- 8 = Temporary Assistance for Needy Families (TANF)
- 9 = General Assistance (GA) (or use local program name).
- 10 = Retirement income from Social Security
- 11 = Veteran's pension
- 12 = Pension from a former job
- 13 = Child support
- 14 = Alimony or other spousal support
- 15 = Other source
- 16 = None.

Non-Cash Benefits:

- 1 = Food stamps or money for food on a benefits card
- 2 = MEDICAID health insurance program (or use local name)
- 3 = MEDICARE health insurance program (or use local name)
- 4 = State Children's Health Insurance Program (or use local name)
- 5 = Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- 6 = Veteran's Administration (VA) Medical Services
- 7 = TANF Child Care services (or use local name)
- 8 = TANF transportation services (or use local name)
- 9 = Other TANF-funded services (or use local name)
- 10 = Section 8, public housing, or other rental assistance

11 = Other source

New Residence Setting*:

- 1 = Emergency shelter (including a youth shelter, or hotel, motel, or campground paid for with emergency shelter voucher).
- 2 = Transitional housing for homeless persons (including homeless youth).
- 3 = Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab).
- 4 = Psychiatric hospital or other psychiatric facility.
- 5 = Substance abuse treatment facility or detox center.
- 6 = Hospital (non-psychiatric).
- 7 = Jail, prison or juvenile detention facility.
- 8 = Room, apartment, or house that you rent.
- 9 = Apartment or house that you own.
- 10 = Staying or living in a family member's room, apartment, or house.
- 11 = Staying or living in a friend's room, apartment, or house.
- 12 = Hotel or motel paid for without emergency shelter voucher.
- 13 = Foster care home or foster care group home.
- 14 = Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside).
- 15 = Other.
- 16 = Don't Know.
- 17 = Refused.

Destination Tenure*:

- 1 = Permanent
- 2 = Temporary
- 3 = Don't Know
- 4 = Refused.

Destination Subsidy Type*:

- 1 = None
- 2 = Public Housing
- 3 = Section 8
- 4 = S+C
- 5 = HOME Program
- 6 = HOPWA Program
- 7 = Other Housing Subsidy
- 8 = Don't Know
- 9 = Refused.

New Residence County*:

- 01 Atlantic
- 02 Bergen
- 03 Burlington
- 04 Camden
- 05 Cape May
- 06 Cumberland
- 07 Essex
- 08 Gloucester
- 09 Hudson
- 10 Hunterdon
- 11 Mercer
- 12 Middlesex
- 13 Monmouth
- 14 Morris
- 15 Ocean
- 16 Passaic
- 17 Salem
- 18 Somerset

19 Sussex
20 Union
21 Warren
70 NJ-Unknown
80 USA Not NJ
90 Non USA
99 Unkown

Discharge To:

Anonymous Summary:

Discharge Notes:

Service Charge:

Discharge Summary:

Alerts:

Known Medical Problems: (Displayed)

Counselor: (Displayed)

Supervisor: (Displayed)

b. Appropriate Data Collection

An agency is responsible for what data they enter into HMIS beyond the HUD HMIS Required Data Elements.

Quality Control

a. **Data Integrity**

HMIS users at the agencies are responsible for the accuracy, correctness, and timeliness of their data entry and are responsible for ensuring that the HUD HMIS Required Data Elements are being collected.

Site Administrators are responsible for monitoring the integrity of data being entered into the NJ HMIS system.

b. Data Integrity Expectations

Data entry into AWARDS must take place, at minimum, on a weekly basis.

- Data from across agencies will be synchronized on a weekly basis for reporting purposes.

Data Retrieval

a. Participating Agencies

- Interagency and inter-program data will be integrated under HMIS.
- While agencies are required to report a minimum data set on a regular basis, sharing of HMIS data among providers within the CoC is encouraged, but not required and is at the discretion of each client.
- Access to interagency identifiable information will only occur as authorized under state and/or federal statutes or via a Release of Information form signed by the client. Sharing data to determine service needs would therefore be facilitated.

b. HMIS Software Provider

The HMIS Software Provider does have access to individual and aggregate data contained within the HMIS. They will be responsible for addressing and resolving all issues that cannot be resolved at the local level.

c. General Public

The general public has a right to request non-identifiable aggregate data related to homelessness.

User Licenses

a. **Software Licenses**

- Each agency will receive one user license per user for users to access the NJ HMIS system via the Internet.
- The Site Administrator will be responsible for tracking and reporting on utilization of user licenses. Unused licenses must be reported to the System Administrator.

Data Loading

a. Client Data

- NJHMIS provides for the loading and sharing of client information.
- Historical client information, if possible and existing on a legacy MIS system, will initially be migrated to NJHMIS on a one time basis.
- Client data in Foothold Technology AWARDS will be available real-time, assuming that agency data is entered real-time.
- NJHMIS will provide a mechanism to load client data from existing agency MIS systems (i.e., any large scale third or fourth generation database systems) into the NJHMIS system.

b. Schedule of Data Loads

- NJHMIS data loads will take place weekly.
- NJHMIS users with data sources other than Foothold Technology AWARDS are encouraged to upload data weekly. However, every agency must upload their data by final business day of each month.
- Although data loads take place weekly, agencies can enter data into NJHMIS in real-time.

Training

a. HMIS Train-the-Trainer

- Train-the-Trainer is a concept whereby someone is trained on how to teach others to complete a certain task.
- The person charged with this responsibility of train the trainer for your facility will be given the security level of "HMIS Site Administrator".
- The HMIS Train-the-Trainer will be responsible for training all End Users for his/her respective agency.

b. Ongoing HMIS Training

- The HMIS Site Administrator will be provided with necessary training, a written course outline, and available training materials. NJ HMIS Collaborative will provide periodic refresher courses for Site Administrators.
- If an end user leaves an agency, the HMIS Site Administrator is responsible for ensuring that the new person will be trained.

c. Training Materials for Future Releases

The HMIS Site Administrator will be provided with necessary training, a written course outline and available training materials.

**APPENDIX:
Roles and Responsibilities**

a. System Administrator

- As the lead agency, the New Jersey Housing Mortgage Finance Agency (NJ HMFA) will employ the System Administrator for the purpose of coordinating access control requirements for all AWARDS users. The System Administrator will be a member of the Advisory Council, Steering Committee, and any subcommittees.
- NJ HMFA will ensure that a backup to the System Administrator is in place, in order to ensure that there is no interruption of service when the primary representative is away or unavailable to assist users.

Responsibilities

- Ensure that the Site Administrator has proper access level to the system.
- Chair the Advisory Council and reporting relevant issues to the Steering Committee.
- Implement decisions made by the Steering Committee.
- Assist Site Administrators with access problems, including:
 - Reissue passwords when the Site Administrator or user forgets their password.
 - Assist Site Administrators with questions and/or problems with the system.
- Delete access when Site Administrators are terminated or when they leave an agency.
- Ensure that users are aware of security requirements and policies and procedures.
- Inform Site Administrators when either the AWARDS data entry portal or the reporting portal is out of service.

b. HMIS Technical Assistant

- The lead agency (NJ HMFA) will employ the Technical Assistant.
- This person will report to the System Administrator / HMIS Project Manager.
- The Technical Assistant will be a member of the Advisory Council and will serve, as backup to the System Administrator to ensure that there is no interruption of service when the primary representative is away or unavailable to assist users.
- Will act as a liaison between NJ HMFA and the CoC HMIS subcommittees.

Responsibilities

- Ensure that the Site Administrator has proper access level to the system.
- Chair the Advisory Council and reporting relevant issues to the Steering Committee.
- Assist Site Administrators with access problems, including:
 - Reissue passwords when the Site Administrator or user forgets their password.
 - Assist Site Administrators with questions and/or problems with the system.
- Delete access when Site Administrators are terminated or when they leave an agency.
- Ensure that users are aware of security requirements and policies and procedures.
- Inform Site Administrators when either the AWARDS data entry portal or the reporting portal is out of service.
- Responsible for providing HMIS training to Site Administrators and end users.
- Provide second-level help desk support. If required, communicate issues to the AWARDS technical staff for resolution.

c. System Administrative Assistant

The lead agency (NJ HMFA) will employ the Program Administrative Assistant with the purpose of coordinating and disseminating information to all AWARDS users. This person will report to the System Administrator / HMIS Project Manager.

Responsibilities

- Take minutes at all NJ HMIS meetings and distributing the minutes to the appropriate people.
- First-level help desk support. This includes:
 - Answering the help desk 800 number
 - Documenting and distributing help desk related issues
 - Escalating help desk issues if unresolved
- Disseminate any NJ HMIS-related documents or information.
- Coordinate and scheduling meetings and trainings.
- Perform other duties as required.

d. Site Administrator

- A Site Administrator will be designated by each provider for the purpose of coordinating access control requirements for users within their agency only.
- It is recommended that a backup to the Site Administrator be designated in order to ensure that there is no interruption of service when the primary representative is away or unavailable to assist users.

Responsibilities

- Coordinate access control requirements for users within their agency.
- Assist users with access problems, including:
 - Contacting the System Administrator on behalf of users who forget their password
 - Helping new users with logon procedures
- Inform the System Administrator when any of their users leave the agency.
- Assign the user access level.
- Delete access when users are terminated or when they leave the agency.
- Train all users within their agency to use the A.W.A.R.D.S system. The training should include any manuals, guidelines and other documents provided to them at their Train-the-Trainer sessions.
- Ensure that users are aware of security requirements, policies, and procedures.
- Periodically run and review audit reports to ensure appropriate privacy and data access policies are being followed by staff. Site Administrators can produce audit reports that report AWARDS user activity by user ID, time, date, and what client records were added, changed, or deleted.

e. Participating Agencies

Participating Agencies agree to use the NJHMIS for the purpose of homeless client intake and agree to collect the HUD-mandated minimum data set and enter this information into the NJHMIS system. The NJHMIS system may also be used for case management.

Responsibilities

- All participating agencies agree to abide by all policies and procedures outlined in this manual.
- All participating agencies agree to keep abreast of all AWARDS updates and all policy changes.
- Each agency will be responsible for identifying and approving their respective agency users.
- Each participating agency will be responsible for entering client data, following up on referrals, and running reports.
- All participating agencies are responsible for payment of their annual user fee to NJ HMFA.

f. NJ HMIS Steering Committee

- The NJ HMIS Steering Committee is responsible for HMIS-related policies and procedures, and for reviewing recommendations for approval from the NJ HMIS Advisory Council.

g. NJ HMIS Advisory Council

The NJHMIS Advisory Council will meet quarterly to discuss recommendations for system-wide changes in HMIS functionality and system-flow. The NJHMIS Project Manager will chair the Advisory Council.

The Advisory Council includes the following standing committees:

- Support Fund
- Training
- Policies and Procedures
- Data, Quality Assurance, and Outcome Measures
- Technology

**Support Fund Committee-
Chair-
Purpose:**

To develop criteria for the request of technology support funds by service providers participating in the Collaborative.

This criteria, would include specifics pertaining to, for example but not limited to, organization size and budget, technical capacity, funding limits, type of technology eligible for funding, frequency of which funds can be requested, obligation to collaborative for assistance. In addition, this committee will be charged with researching and providing information on funding/charitable resources interested in building the technological capacity of non-profit organization, making this information accessible to ALL provider agencies within the Collaborative.

**Training Committee-
Chair-
Purpose:**

Develop and provide a training strategy using Beta implementation as a baseline, providing recommendations for amendments and improvements for the remaining phases of implementation.

To maintain a pulse on the training needs of end users at the local level. This committee could develop a mechanism by which to regularly assess end users and executive agency staff's satisfaction with training provisions and make recommendations based on findings. Should work in concert with TA staff.

Policy and Procedures Committee

Chair-

Purpose:

Assess policy and procedures applied during the Beta phase, provide qualitative feedback on issues raised by the community users, what worked, what didn't, recommendations for changes.

This committee's charge is to make sure the policies and procedures of the HMIS Collaborative are not in direct conflict with local service provider agency's protocols, policies, and/or practices and that the same holds true with those of participating agencies in respect to HMIS and the HMIS Collaborative. This committee shall identify such conflicts and bring them forward for review and recommend resolution. This committee may find a need to develop a mechanism to identify areas of possible conflict and how to monitor for those as time moves forward. Will work with HMIS staff in policy changes made at the federal level (HUD) on HMIS, specifically when the changes will impact the providers at the local level.

Data, Quality Assurance, and Outcome Measures

Chair-

Purpose:

To gather feedback from end users during pilot phase to establish a consensus for needed and/or desired customizations.

To keep abreast of data standards and changes required by HUD in regard to HMIS. To assess issues at the local level that impact data collection and quality. Make recommendations based on assessments. To review outcome measures being used by other HMIS communities to date, determine what outcomes the NJ State HMIS Collaborative would usefully measure.

Technology

Chair-

Purpose:

To develop technical specification criteria to be used in conjunction with the criteria for need (established by the Support Committee), to determine technical purchases by local agencies with funds granted by the Collaborative Support Fund.

Develop an assessment tool for the evaluation of HMIS technical infrastructure. Evaluate issues regarding the importation and exportation of data.

h. HMIS User

NJ HMIS users are those individuals who work in Participating Agencies.

Responsibilities

- Each user will be responsible for complying with all the policies and procedures outlined in this manual.
- Each user will be responsible for using the NJ HMIS in an appropriate and ethical manner.

i. HMIS User Access Levels

Determination of HMIS user access levels will be based on each user’s job function as it is related to AWARDS’s data entry and retrieval schema. The following access levels are available in AWARDS. All levels are not required. Levels should be used based on each agencies organization structure.

Access Level	Description
<p>HMIS Project Manager</p> <p>(CoC Executive Officer)</p>	<p>Access is generally limited to the de-identified database. This role allows the user to search the de-identified database of area agencies and programs to view or produce reports of the aggregated data. Sometimes the HMIS Project Manager may have to access the identifiable database for support purpose.</p>
<p>Technical Assistant/Trainer</p> <p>(CoC Executive Officer)</p>	<p>The same access rights as HMIS Project Manager, however, this person is considered a system-wide Support person and will have access to client level data to facilitate supporting agency problems.</p>
<p>Volunteer</p> <p>(Direct Care Staff)</p>	<p>Access is limited to service records within an agency. A volunteer can view or edit basic demographic information about clients (the profile screen), but is restricted from viewing detailed assessments. A volunteer can enter new client records; make referrals, or check-in/out a client from a shelter. Normally, this access level allows a volunteer to complete the intake and then refer the client to agency staff or a case manager.</p>
<p>Agency Clerical Staff</p> <p>(Direct Care Staff)</p>	<p>Agency staff has full access to service records and access to most functions in AWARDS. However, Agency Staff can only access basic demographic data on clients (profile screen). All other screens are restricted, including assessments and case plan records.</p>
<p>Case Manager</p> <p>(Direct Care Staff)</p>	<p>Case Managers have access to all features, excluding administrative functions. They have access to all screens within AWARDS, including assessments and service records. There is full reporting access.</p>

Site Administrator (Agency Executive)	Site Administrators have access to all features, including agency level administrative functions. This level can add/remove user for his/her agency and edit their agency and program data. They have full reporting access.
Executive Director (Agency Executive)	Same access rights as Site Administrator, but ranked above Site Administrator.

Access Level	Description
Regional or CoC Administrator (Agency Executive)	Regional or CoC Administrator will help to maintain the AWARDS system, but does not have access to client or service records, add/remove users, reset passwords, and access to other system-level options for agencies within their jurisdiction. They can search the de-identified database and produce reports of the aggregated data. They will not have access to client level data.

h. Communication with Participating Agencies

- Operational procedures will need to be enforced.
- Each agency is responsible for making sure that all necessary NJ HMIS-related communication occurs.

i. System Availability

- The AWARDS data entry portal will be available 24 hours a day, 7 days a week.
- Agency and System Administrators will be informed of any operational downtime.

j. Client Grievance

- NJ HMIS itself does not intend to create or establish any unique grievance management processes.
- All agencies are responsible for setting up an internal grievance process to handle client complaints related to HMIS, including grievances related to consent and release of information.

STATE OF NEW JERSEY
HOMELESS MANAGEMENT INFORMATION SYSTEM
COLLABORATIVE
Participation Agreement

This New Jersey Homeless Management Information System Collaborative (“**NJHMIS or HMIS**”) Participation Agreement (“**Agreement**”) by and between the **New Jersey Housing and Mortgage Finance Agency (“NJHMFA” or “Administrator”)**, a body politic and corporate and an instrumentality exercising public and essential governmental functions of the State of New Jersey with offices located at 637 South Clinton Avenue, PO Box 18550, Trenton, New Jersey 08625-2085, and **[insert agency name]**, a **[insert type of entity]**, (“**Participant**”) with principal offices located at **[insert address]**.

RECITALS

WHEREAS a New Jersey action plan was created for families and individuals who are homeless or at risk of homelessness; and

WHEREAS a Steering Committee prioritized the following activities: (1) development of a State Homeless Action Plan, (2) development of technical assistance programs to strengthen the New Jersey Continuum of Care SuperNOFA, and (3) development of a statewide plan to assist the Continuum of Care in meeting the United States Department of Housing and Urban Development’s (“HUD”) HMIS requirements; and

WHEREAS a statewide collaborative was created to address, among other things, HMIS planning and implementation issues; and

WHEREAS the purpose of the collaborative is to enable State agencies, service providers, homeless consumers and other stakeholders to understand the scope of homelessness in New Jersey, to improve service delivery to homeless persons and to evaluate the effectiveness of service interventions; and

WHEREAS The New Jersey Homeless Management Information System is a client information system that records the use of housing and services which can be used to determine the utilization of services of participating agencies, identify gaps in the local service continuum and develop outcome measurements; and

WHEREAS NJHMFA is the Administrator for the NJHMIS Collaborative;

NOW, THEREFORE in consideration of the mutual provisions contained herein and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, NJHMFA and Participant hereby agree as follows:

1. Definitions.

- a. Blind Service Providers are defined as agencies serving specific protected client populations. Those client populations typically have one or more of the following issues: (1) domestic violence; (2) HIV/AIDS; (3) Alcohol and/or substance abuse; or (4) mental health.
- b. Client is defined as a consumer of services.
- c. Client records are defined as Private Personal Information (PPI) collected and stored in a computer system.

- d. Close to real-time data entry is defined as within three (3) working days of seeing the Client.
 - e. Partner Agencies are a group of agencies working together to provide services to homeless and low-income individuals and families and they participate in the New Jersey HMIS.
 - f. Project Manager Person – An HMFA agency staff assigned to manage the NJ HMIS Collaborative Project.
 - g. Non-partner agencies are those agencies not participating in the New Jersey HMIS.
2. *Participation Fee.* Each Participant will be charged an annual participation fee to be involved in the NJHMIS Collaborative. The annual fee will be invoiced and payable to the NJHMFA. The initial annual fee in the amount of seven Hundred and fifty (\$0.00) dollars is due prior to the Participant's activation in the NJHMIS system. The annual fee is subject to change, in the sole discretion of the NJHMFA (**See Amendment "A"**).
3. *Confidentiality.* HMFA and Participant agree that the data, information and client records, related documentation, and data stored electronically relating to NJHMIS is confidential and shall be handled as follows:
- a. The Participant shall comply with all Federal, State and Local laws and regulations pertaining to confidentiality of information and records to ensure that client records are protected and not subject to disclosure. The Participant shall only release client records to Non-partner agencies with written consent by the client, unless otherwise provided in the relevant laws and regulations.
 - b. The Participant shall abide by all Federal, State and Local confidentiality laws and regulations pertaining to:
 - 1) all medical conditions, including, but not limited to, mental illness, alcohol and/or drug abuse, HIV/AIDS testing, diagnosis and treatment and other such covered conditions; and
 - 2) a person's status as a victim of domestic violence.A general authorization for the release of medical or other information is NOT sufficient for this purpose.
 - c. Federal, State and Local laws seek to protect the privacy of persons with physical and/or mental illness, who have been treated for alcohol and/or substance abuse, have been diagnosed with HIV/AIDS, and/or have been a victim of domestic violence. The Participant shall seek legal advice in the event that a Non-partner agency requests identifying confidential client information.
 - d. The Participant shall provide a verbal explanation of the NJHMIS database and the terms of consent to the Clients and shall arrange for a qualified interpreter or translator in the event that an individual is not literate in English or has difficulty understanding the Consent form.

- e. The Participant agrees not to release any individual client information obtained from the NJHMIS to any organization or individual without prior written Client consent. Such written Client consent shall specify exactly what information the Client allows to be released. Information that is not approved for disclosure, in writing, by the Client shall not be released. The Participant agrees to provide access (including a copy) of the client's own protected information to the client within thirty (30) days of the client's written request to the Participant.
- f. The Participant shall ensure that all staff, volunteers and other persons, who are issued a User ID and password for the NJHMIS, receive confidentiality training regarding client information and records and have signed a User Policy, Responsibility Statement, and Code of Ethics Agreement.
- g. Any staff, volunteer or other person who has been granted a User ID and password and is found to have willfully committed a breach of system security and/or client confidentiality shall have his or her access to the database revoked immediately, and will be subject to disciplinary action per the Participant's policies and procedures. The NJHMFA reserves the right to review Participant's policies and procedures, review discipline and seek remedies, in its sole discretion, against anyone found to have willfully committed a breach of system security and/or client confidentiality.
- h. In the event of a breach of system security or client confidentiality, the Participant Administrator shall notify the NJHMIS Project Manager within 24 hours. Any Participant that is found to have had breaches of system security and/or client confidentiality shall enter a period of probation, during which technical assistance shall be provided to help the Participant prevent further breaches. Probation shall remain in effect until the Project Manager has evaluated the Participant's security and confidentiality measures and found them compliant with the policies stated in this Agreement and the User Policy, Responsibility Statement, and Code of Ethics Agreement. Subsequent violations of system security may result in suspension from the system. The NJHMFA reserves the right to conduct routine and random audits to monitor security and client confidentiality.
- i. The Participant understands that the NJHMIS fileserver, which shall contain all HMIS-entered Client information, shall be located off-site in a physically secure and electronically monitored facility, and that the client information in the NJHMIS system is backed up and taken off-site daily. The Participant further understands that the fileserver containing all HMIS-entered Client information is maintained by vendor contracting with NJHMFA to provide said services. The contractor vendor has access to client information, said access being necessary to provide technical services to the NJHMFA. Further, the contractor has agreed to keep all

information confidential and maintained in accordance with HUD privacy standards.

- j. The Participant may have access to all Client data entered by the Participant. The Participant shall diligently record in the NJHMIS all service delivery information pertaining to individual clients served by the Participant. The Participant shall not, under any circumstances, knowingly enter false, misleading or biased data, including any data that would unfairly prejudice a client's ability to obtain services.
- k. If this Agreement is terminated, the remaining Partner Agencies shall maintain their right to the use of all Client data previously entered by the terminating Partner Participant, subject to the guidelines specified in this Agreement.
- l. The Participant shall utilize the NJHMIS Client Consent—Release of Information form for all clients providing information to the NJHMIS. The Client Consent—Release of Information form, once agreed to and signed by the Client, authorizes Client data to be shared with Partner Agencies for the period of [REDACTED] year(s), subject to the restrictions defined by the Client Consent form. (See Exhibit A).
- m. Participants' utilizing their own HIPAA-compliant Consent to Release Information for Data Sharing form should incorporate the first two paragraphs from the NJHMIS Collaborative form titled "Client Consent – Release of Information for Data Sharing" into their form. Agencies not using HIPAA-complaint consent for release of information forms shall use the NJHMIS Collaborative Client Consent – Release of Information for Data Sharing form.
- n. All Participants are required to submit a copy of their consent form to the NJHMFA for review and confirmation that the form is in compliance with HUD requirements. Participants agree that the Participant is solely responsible for making sure their consent form meets HUD standards. Participants shall not rely upon the NJHMFA's review and shall hold the NJHMFA, its staff, officers, members and affiliates, harmless from and against any and all claims for damages, losses, liabilities, costs or reasonable expenses related to consent form and HUD requirements under this Agreement.
- o. The Participant shall keep original signed copies of the Client Consent -- Release of Information for Data Sharing form for a period of no less than five (5) years.
- p. In no way does the NJHMIS require or imply that services must be contingent upon a Client's participation in the NJHMIS database. Participant shall provide services to Clients regardless of Client's

participation in NJHMIS, provided the Clients would otherwise be eligible for the services.

1. The Participant shall have access to identifying and statistical data on all Clients who consent to have their information entered in the NJHMIS database, except for data input into the database by “Blind Service Providers”.
- q. A Participant that is a Blind Service Provider shall have access to identifying and statistical data that the Participant inputs into the NJHMIS database for clients served by that Participant.
- r. A Participant that is a Blind Service Provider shall not have access to identifying and statistical data input into the NJHMIS database for clients served by other Blind Service providers.
4. *NJHMIS Use, Data Entry and System Security*. The Participant agrees to use the NJHMIS, enter data into the NJHMIS and operate in a manner to protect the integrity of the NJHMIS in complying with the following guidelines:
 - a. The Participant shall follow, comply with and enforce the User Policy, Responsibility Statement and Code of Ethics. Modifications to the User Policy, Responsibility Statement and Code of Ethics shall be established in consultation with Partner Agencies and may be modified as needed for the purpose of the smooth and efficient operation of the NJHMIS. NJHMFA shall announce approved modifications in a timely manner.
 - b. The Participant shall only enter individuals in the NJHMIS database that exist as Clients under the Participant’s jurisdiction. The Participant shall not misrepresent its Client base in the NJHMIS database by knowingly entering inaccurate information. The Participant shall not use the NJHMIS database with intent to defraud federal, state or local governments, individuals or entities, or to conduct any illegal activity.
 - c. The Participant shall use Client information in the NJHMIS, as provided to the Participant or the Partner Agencies, to assist the Participant in providing adequate and appropriate services to the Client.
 - d. The Participant shall consistently enter information into the NJHMIS database and shall strive for real-time, or close to real-time data entry.
 - e. When a Client revokes his or her consent to share information in the NJHMIS database, the User shall immediately notify the Participant Site Administrator of the revocation. When the Participant Site Administrator is notified of a client revocation, the Participant Site Administrator shall remove access to all identifying information about that client within 24 hours.
 - f. The Participant shall not include profanity or offensive language in the NJHMIS database.

- g. The Participant shall utilize the NJHMIS for business purposes only.
- h. NJHMIS shall provide introductory training to Participant staff on the use of the NJHMIS software. NJHMIS shall provide supplemental training regularly to accommodate changes in Participant staff, and address modifications to the AWARDS software when needed.
- i. NJHMIS shall be available to provide technical assistance to Participant staff.
- j. The Participant shall ensure that all staff, volunteers and other persons who are issued a User ID and password for NJHMIS receive client and system security training that covers all items in the NJHMIS User Policy, Responsibility Statement and Code of Ethics.
- k. The Participant shall take the following additional steps to ensure the security of the NJHMIS database system and the confidentiality of Client data:
 - 1. Escort all visitors and Clients to ensure that they do not access staff areas, record storage areas, or other areas potentially containing Client information. Persons not recognized as staff, visitors and Clients will be challenged for identification.
 - 2. Store hard copies of Client records in locking filing cabinets or in rooms that can be locked.
 - 3. Locate photocopiers, printers and fax machines to minimize access by visitors and unauthorized persons.
 - 4. Make sure that directors and other management or supervisory personnel are familiar with security and confidentiality policies and enforce such policies to ensure the security and confidentiality of the NJHMIS database and of Client information.
 - 5. Create an atmosphere where the Participant staff feels comfortable and obligated to report security breaches and misuse of the NJHMIS database system.
 - 6. The Participant shall encourage clients to report any breaches of confidentiality that they observe in the Participant.

5. HUD HMIS – Privacy and Security Standards

- a. All Participants shall review and comply with all standards for privacy and security, appropriate for the Participant's particular organization, as set forth in the *Department of Housing and Urban Development Homeless Management Information System (HMIS); Data and Technical Standards Final Notice*, as found in the Federal Register dated July 30, 2004 Volume 69, Number 146, paying particular attention to Section 4 of said notice.

- b. All Participants are required to submit a copy of their privacy notices and consent forms to the NJHMFA for review and confirmation that each is in compliance with HUD requirements.
- c. Participants agree that the Participant is solely responsible for making sure their notices, forms and other HMIS documentation meets HUD standards. Participants shall not rely upon the NJHMFA's review and shall hold the NJHMFA, its staff, officers, members and affiliates, harmless from and against any and all claims for damages, losses, liabilities, costs or reasonable expenses related to Privacy issues and HUD requirements under this Agreement.

6. Reports.

a. Participant Reports

1. The Participant shall be enabled to report on identifying and statistical data on the Clients it serves, subject to the terms of this Agreement regarding Client confidentiality.
2. The Participant shall not be enabled to report on identifying and statistical data on Clients it does not serve.

b. Area Reports

1. A Participant operating in an area shall be able to report on non-identifying and statistical data only for that area.
2. The NJHMIS Steering Committee shall develop protocols on customizing and releasing area reports.

c. The Participant may make aggregate data available to other entities outside of the system for funding or planning purposes pertaining to providing services to homeless persons. However, such aggregate data shall not directly identify individual Clients.

d. NJHMIS shall use only unidentified aggregate NJHMIS data for homeless policy and planning activities, in preparing federal, state or local applications for homelessness funding, to demonstrate the need for and effectiveness of programs and to obtain a system-wide view of program utilization in the State.

7. Termination.

- a. NJHMFA may terminate this agreement, for cause, if it determines that the Participant has violated any material term.
- b. Upon termination of this agreement for any reason, the Participant shall return or destroy all protected information received from the NJHMIS Program, or created or received by the Participant on behalf of the NJHMIS Program. This provision shall apply to protected information that is in the possession of subcontractors or agents of the Participant. The Participant shall retain no copies of the protected health information.
- c. In the event that the Participant determines that returning or destroying the protected information is infeasible, the Participant

shall notify the NJHMFA of the conditions that make return or destruction infeasible within two weeks in writing to the NJHMIS Project Manager. Upon notification that the return or destruction of the protected information is infeasible, the Participant shall extend the protections of this Agreement to such protected information and limit further uses and disclosures of the information to those purposes that make the return or destruction infeasible, as long as the Participant maintains the information.

- d. This agreement may be terminated by either party upon thirty (30) days written notice.
8. Assignability. Participant may not assign this Agreement or any of its obligations hereunder without the prior written consent of the NJHMFA.
9. Modifications. NJHMFA reserves the right to modify this Agreement at any time. NJHMFA shall provide thirty (30) days prior written notice to Participant of any modification adopted by NJHMFA.
10. Availability of Funding. The NJHMFA's obligations hereunder shall cease immediately, without penalty, if funding is no longer available to meet such obligations.
11. Participant's Representations and Warranties. Participant represents and warrants as follows:
 - a. It has all necessary power and authority to enter this Agreement and to perform all of its obligations hereunder and to manage and control and ensure each individual or entity that Participant authorizes, permits or allows access to the NJHMIS or related services and equipment or facilities also complies with the terms of this Agreement in exercising such individual's access.
 - b. This Agreement has been duly and validly authorized, executed and delivered by Participant and constitutes its valid and binding obligation.
 - c. In performing its obligations hereunder, Participant will comply with all laws, rules and regulations of all governmental bodies having jurisdiction.
 - d. Participant holds all required regulatory authorizations to perform this Agreement according to its terms.
 - e. Participant's obligations under this Agreement do not conflict with any other agreement.
12. NJHMFA's Representations and Warranties. NJHMFA represents and warrants as follows:
 - a. NJHMFA has all the necessary power and authority to enter this Agreement and to perform all of its obligations hereunder.
 - b. This Agreement has been duly and validly authorized, executed and delivered by NJHMFA and constitutes its valid and binding obligation.
 - c. In performing its obligations hereunder, NJHMFA will comply with all laws, rules and regulations or all governmental bodies having jurisdiction.

- d. NJHMFA holds all required regulatory authorizations and permits to provide the Services identified herein.
 - e. NJHMFA obligations under this Agreement do not conflict with any other agreement.
13. Breach. NJHMFA shall notify Participant of any breaches of the terms of this Agreement by Participant, any sharing Participant or any individual acting directly or indirectly under color of authority of Participant. Participant shall have such time as NJHMFA, in its sole and absolute discretion specifies in its notice breach, to cure such breach. In event such breach is not cured within the notice period, this Agreement may be terminated by the NJHMFA without further notice, obligation or liability to Participant.
14. Interpretation. The construction of this Agreement shall not be construed against the Party causing its preparation but shall be interpreted on the basis of the plain meaning of the terms used which have been reviewed by both Parties in consultation with their respective counsel.
15. Choice of laws. This Agreement is governed by the laws of the State of New Jersey, and Federal law, as applicable, without regard to the choice of law provisions of those bodies of law. Any claims asserted against the NJHMFA shall be subject to the New Jersey Contractual Liability Act, N.J.S.A. 59:13-1 et seq. (except for N.J.S.A. 59:13-9 thereof). While this statute is not applicable by its terms to claims arising under contracts with the HMFA, Participant agrees that it shall be applicable to claims arising under this Agreement. The Parties acknowledge that the HMFA is a public entity covered by the provisions of the New Jersey Tort Claims Act, N.J.S.A. 59:1-1 et seq.
16. Captions. Captions in this Agreement are asserted for convenience of reference only and do not define, describe or limit the scope or intent of this Agreement or any of the terms of this Agreement.
17. Entire Agreement. This Agreement contains the entire agreement between the Parties and supersedes all prior or contemporaneous agreements, understandings, representations, and statements, oral or written, between the Parties with respect to the subject matter of this Agreement and the transactions contemplated by this Agreement.
18. Successors and Assigns. All terms of this Agreement shall be binding upon, inure to the benefit of, and be enforceable by the Parties and their respective legal representatives, successors and assigns.
19. Further Assurances. The Parties shall cooperate with each other and execute any documents reasonably necessary to carry out the intent and purpose of this Agreement.
20. Severability. If any provision of this Agreement is declared or found to be illegal, unenforceable, or void by a court of competent jurisdiction, the provision shall in no way affect any other provision, covenant or condition of this Agreement.

HMIS Participation Fee Declaration of Intent

To all New Jersey Statewide Homeless Management Information System (HMIS) Collaborative participating Agencies and Continuum of Cares, This letter serves as a Declaration of Intent to adjust the Annual Agencies Participation Fee based on the total number of users per agency (per county) that have logins to the Foothold AWARDS application. It is understood that this letter serves as notification to the New Jersey HMIS Collaborative Agencies and Continuum of Cares that the Fee scales below have been put into place starting April 2009. All invoicing will be reflective of the number of user logins per Agency in AWARDS.

Fees are based on per Agency per Continuum of Care:

- 0 – 15 users: \$750 annual Fee
- 16 – 30 users: \$600 Monthly per Agency (\$7,200.00 Annually)
- 31 – 45 users: \$1,100 Monthly per Agency (\$13,200.00 Annually)
- 46 – 60 users: \$1,600 Monthly per Agency (\$19,200.00 Annually)
- 61 – 75 users: \$2,100 Monthly per Agency (\$25,200.00 Annually)

Abram L. Hillson
Assistant Director, Supportive Housing and Special Needs
HMIS Statewide Collaborative Assistant Director
For the New Jersey Housing and Mortgage Finance Agency

Exhibit A

NJHMIS Collaborative Client Consent – Release of Information for Data Sharing via NJHMIS

The NJHMIS Collaborative Homeless Management Information System (HMIS) serves the New Jersey Continuums of Care communities and State agencies which include partner agencies working together to provide services to individuals and families in New Jersey who are homeless or at risk of becoming homeless. Information collected in the HMIS database is protected in compliance with the standards set forth in the Health Insurance Portability and Accountability Act (HIPAA) and the U.S. Department of Housing and Urban Development HMIS Data Standards. Every person and agency that is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of the information. Any person or agency that is found to violate their agreement may have their access rights terminated and may be subject to further penalties.

- **I UNDERSTAND THAT:** The partner agencies may share limited identifying information about the people they serve with other parties working to end homelessness.
- The release of my information does not guarantee that I will receive assistance. This release of information includes public funded cash disbursements received during the past 3 years.
- This authorization will remain in effect for a minimum of 18 months unless I revoke it in writing, and I may revoke authorization at any time by signing a written statement or Revocation form.
- The following personal information will not be shared with any NJHMIS partner agencies via the NJHMIS computer system.
 1. HIV/AIDS information, such as status, diagnostic test results, mode of transmission, sexuality.
 2. Domestic violence information, such as abuse history, abuser information, trauma information.
 3. Behavioral health information, such as substance and alcohol abuse and mental illness.
 4. Clients supportive services contacts, medication information and case notes.
- If I revoke my authorization, all information about me already in the database will remain, but will become invisible to all of the partner agencies, except public (county, state or federal) cash disbursements.

If I am applying for county, state or federal cash disbursements such as SSH, HPRP, and TANF Emergency Assistance, this information will be shared with NJHMIS Collaborative users and State agencies.

By signing this form, I agree to share the following level of information with other NJHMIS partner agencies via the NJHMIS computer system:

- 1) I agree to share my [name (First, Middle, Last), client gender, program enrollment and exit dates, and cash disbursements received] via the HMIS system with other NJHMIS partner agencies.
- 2) I agree to share my [name (First, Middle, Last), client gender, ancestry, program enrollment and exit dates, demographic information, miscellaneous information, contacts information, cash disbursements] information via the HMIS system with other NJHMIS partner agencies.
- 3) I do not agree to share any of my information via the HMIS system with other HMIS partner agencies via the NJHMIS computer system. Exception is cash disbursements as noted above.

Client Name (*please print*)

Client Signature

Date

Guardian Name, if required (*please print*)

Guardian Signature (if required)

Date

Agency Personnel Name (*please print*)

Agency Personnel Signature

Date

NJHMIS Collaborative

User Policy, Responsibility Statement, and Code of Ethics

USER POLICY

Partner agencies shall share information for provision of services to homeless persons and those at risk of homelessness through a networked infrastructure that establishes electronic communication among the partner agencies.

The Client Consent/Release of Information form shall be signed by every client entered into the NJHMIS database system. Minimum data entry on each consenting client includes:

- General information identifying the Client by name, indicating family status and latest residential history;
- Data detailing the client's current housing situation and the cause of their housing crisis;
- Shelter and Transitional housing utilization information, when appropriate.

Data necessary for the development of aggregate reports of homelessness service includes services needs, services provided, referrals and Client goals and outcomes.

The NJHMIS database system is a tool to assist agencies in focusing services and locating alternative resources to help homeless persons. Therefore, agency staff must use the Client information in NJHMIS only to target services to Clients' needs.

USER RESPONSIBILITY

Your username and password give you access to NJHMIS software. Initial each item below to indicate your understanding and acceptance of the proper use of your username and password. Failure to uphold the confidentiality standards set forth below is grounds for termination from NJHMIS database access, and may result in disciplinary action from the partner agency as defined in the partner agency's personnel policies.

I agree to maintain the confidentiality of client information in NJHMIS in the following manner:

- My username and password are for my use only and will not be shared with anyone.
- I will take reasonable means to keep my password physically secure.
- I will only view, obtain, disclose, or use the database information that is necessary to perform my job.
- I understand that the only individuals who may view or hear NJHMIS client information are authorized users, and I will take these steps to prevent casual observers from seeing or hearing NJHMIS client information:
- I will log off of NJHMIS before leaving my work area, or make sure that the NJHMIS database has "timed out" before leaving my work area.
- I will not leave unattended any computer that has NJHMIS "open and running".
- I will keep my computer monitor positioned so that persons not authorized to use NJHMIS cannot view it.
- I will store hard copies of NJHMIS information in a secure file and not leave such hard copy information in public view on my desk, or on a photocopier, printer or fax machine.
- I will properly destroy hard copies of NJHMIS information when they are no longer needed.
- I will not discuss confidential client information with staff, clients, or client family members in a public area.
- I will not discuss confidential client information on the telephone in any areas where the public might overhear my conversation.

- ___ I will not leave messages on my agency's answering machine or voicemail system that contain confidential client information.
- ___ I will keep answering machine volume low so that confidential information left by callers is not overheard by the public or unauthorized persons.
- ___ I understand that a failure to follow these security steps appropriately may result in a breach of client confidentiality and system security. If such a breach occurs, my access to NJHMIS will be terminated and I may be subject to further disciplinary action as defined in the partner agency's personnel policy.
- ___ If I notice or suspect a security breach, I will immediately notify the Agency Site Administrator.

USER CODE OF ETHICS

1. NJHMIS users will treat partner agencies with respect, fairness and good faith.
2. Each NJHMIS user will maintain high standards of professional conduct in his or her capacity as a NJHMIS user.
3. NJHMIS users will use NJHMIS in good faith to benefit Clients.
4. NJHMIS users have the responsibility to relate to the Clients of other partner agencies with full professional consideration.
5. Clients have the right to receive assistance even if they do not choose to provide their information to the NJHMIS.

I understand and agree to comply with all the statements listed above.

 NJHMIS User Name (please print)

 NJHMIS User Signature

 Date

 Agency or System Administrator Name (please print)

 Agency or System Administrator Signature

 Date



2013 HUD NOFA: Renewals & New Projects of the SNJCoC

Agency	Proposed Program – Type (TH, PH PSH, SSO)	County	Amount Requested	Renewal or New Project	Recommend	Notes	Follow -Up
Camden County Council on Economic Opportunity, Inc.	OMAR Renewal – PH	Camden	\$121,602	R	Y or N C	~Letter from HUD regarding PH Status ~Who exactly performs case mngt? ~Ratio of clients to case managers?	- Provided request Letter to HUD
Camden County Council on Economic Opportunity, Inc.	Imani Renewal – PH	Camden	\$128,092	R	Y or N C	~Letter from HUD regarding PH Status ~Who exactly performs case mngt? ~Ratio of clients to case managers?	Same as Above
Camden County Council on Economic Opportunity, Inc.	Aletha Wright/ Liberty Place Renewal - PH	Camden	\$166,632	R	Y or N C	~Letter from HUD regarding PH Status ~Who exactly performs case mngt? ~Ratio of clients to case managers?	Same as Above
Center for Family Services (CFS)	Home Base Supportive Programs – PH	Camden	\$61,100	R	Y or N C	~Letter from HUD regarding PH Status	No response yet
Center for Family Services (CFS)	CFS Tanyard Oaks 1 & 2 – PH	Gloucester	\$57,168	R	Y or N C	~Letter from HUD regarding PH Status ~Where did \$ for services come from?	No response yet
Center for Family Services (CFS)	Transitional Housing - Mother & Child – PH	Gloucester	\$34,881	R	Y or N C		No response yet

Center for Family Services (CFS)	Permanent Housing - Mother & Child – PH	Gloucester	\$91,967	R	Y or N C	~Letter from HUD regarding PH Status	No response yet
Center for Family Services (CFS)	Victims of Domestic Violence – PH	Gloucester	\$31,250	R	Y or N C	~Letter from HUD regarding PH Status ~Has this program begun yet?	No response yet
Center for Family Services (CFS)	Victims of Domestic Violence Cumberland SHP (3 Year Term)	Cumberland	\$210,370	R	Y or N C	~Letter from HUD regarding PH Status ~Has this program begun yet?	No response yet
Center for Family Services (CFS)	Domestic Violence Cumberland CoC – PH	Cumberland	\$33,864	R	Y or N C	~Letter from HUD regarding PH Status	No response yet
Collaborative Support Programs of NJ	Cumberland Shelter Plus Care - PH	Cumberland	\$55,854	R	Y or N C	~ Where does \$ for services come from?	NJ Div. of Mental Health & Addictior Services
Collaborative Support Programs of NJ	Camden Samaritan S+C -	Camden	\$61,555	R	Y or N C	~ Where does \$ for services come from?	Same as above
Collaborative Support Programs of NJ	Camden Housing First - PH	Camden	\$61,555	R	Y or N C	~ Where does \$ for services come from?	Same as above
Community Planning & Advocacy Council – CPAC	HNPC Housing Outreach - PH	Camden	\$9,915	R	Y or N C		N
Community Planning & Advocacy Council – CPAC	Camden Housing First 2011 - PSH	Camden	\$526,455	R	Y or N C		N
Community Planning & Advocacy Council – CPAC	Camden Housing First Collaborative 2011 - SHP	Camden	\$162,000	R	Y or N C		N

Community Planning & Advocacy Council – CPAC	Camden Housing First 2012 - PH	Camden	\$373,507	R	Y or N C		N
Community Planning & Advocacy Council – CPAC	Camden Housing First Bonus 2011 – PSH	Camden	\$131,356	R	Y or N C		N
Interfaith Homeless Outreach Council- IHOC	Homeless Programs - TH	Camden	\$10,000	R	Y or N C	~ Budget Issues: they appeared to ask for \$10,000 but only need about \$6,800	No response yet
NJ Dept. of Community Affairs	Shelter Plus Care – Gloucester - PSH	Gloucester	\$101,179.2	R	Y or N C	~Budget related questions (not serious, recommended for funding)	N
NJ Housing & Mortgage Finance Agency	Camden Shelter Plus Care Program- PSH	Camden	\$295,992	R	Y or N C	~ Letter from HUD regarding PH Status ~Some other budget issues	N
Project H.O.P.E.	Project H.O.P.E. - SSO	Camden	\$55,975	R	Y or N C	~Tier 2 :Not housing related (outreach) ~ Clearly this agency would still exist if not funded here	N
South Jersey Behavioral Health Resources	COSTAR- SSO	Camden	\$21,873	R	Y or N C	~Tier 2 :Not housing related ~ Small part of total budget	N
Volunteers of America	Camden County Supportive Housing- TH	Camden	\$86,500	R	Y or N C		N
Volunteers of America	Eleanor Corbett House Safe Haven- TH	Gloucester	\$87,573	R	Y or N C		N
Volunteers of America	North Camden Supportive Housing - PH	Camden	\$330,449	R	Y or N C	~ Letter from HUD regarding PH Status ~Where does match come from?	No response yet

Amount Requested: (Pending Responses)

Amount Available*: Unknown

Difference: Unknown

**2013 Southern NJ Continuum of Care
New Application
Rank and Review Tool**

Scoring Category	Possible Points	Reviewer Score
Project Type	15	
Permanent Housing (15pts)		
Transitional Housing (10pts)		
Supportive Services Only (5pts)		
A) Program Impact	20	
B) Agency Experience	15	
C) Services Provided	15	
C) Community Coordination	20	
D) Staff Training and Continuing Education	10	
E) Project Leveraging	15	
50% (5pts)		
100% (10pts)		
150% (15pts)		
F) Project Budget	10	
Total Score	120	
Total Percentage	100%	

**Southern NJ Continuum of Care
2013 NOFA**

Agency & Project Information

Applicant Name	
Sponsor Name	
Project Name	
HMIS Project Name	
Project Location (physical location of the project, if scattered site write "scattered site")	
HUD Grant Number (grant number for most recent HUD contract year)	
HUD Component Type (PH, PSH, TH, SSO)	
Total HUD request (this amount should be equal to or less than previous year's award)	

Contact Information

Agency representative completing application	
Job Title	
Email Address	
Mailing Address	
Telephone Number	
Agency representative authorized to sign grant documents	
Job Title	
Email Address	
Telephone Number	

A. Program Description/Impact

Please attach a narrative of no more than 2 pages of your project. The narrative should include the following information:

- Population served and need
- Program purpose
- Program goals (short term and long term)
- How your program fills an unmet need in the community (please include the source of your information on the specific unmet need)

B. Services and Community Coordination

Services Directly Provided - check the box for all services provided to clients by agency:

<input type="checkbox"/>	Rental Assistance	<input type="checkbox"/>	Utility Assistance	<input type="checkbox"/>	Housing Counseling
<input type="checkbox"/>	Financial Management	<input type="checkbox"/>	Counseling/Advocacy	<input type="checkbox"/>	Legal Assistance
<input type="checkbox"/>	Outreach	<input type="checkbox"/>	Medical/Dental Services	<input type="checkbox"/>	Law Enforcement Services
<input type="checkbox"/>	Case Management	<input type="checkbox"/>	Life Skills Training	<input type="checkbox"/>	Substance Abuse Counseling/Treatment
<input type="checkbox"/>	Mental Health Counseling/Treatment	<input type="checkbox"/>	HIV/AIDS Support	<input type="checkbox"/>	Education
<input type="checkbox"/>	Employment	<input type="checkbox"/>	Childcare	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Domestic Violence Services	<input type="checkbox"/>	Housing Location/Placement	<input type="checkbox"/>	Benefits Assistance
<input type="checkbox"/>	Soup Kitchen/Food	<input type="checkbox"/>	Prescription Assistance	<input type="checkbox"/>	Mortgage Assistance
<input type="checkbox"/>	Other	<input type="checkbox"/>		<input type="checkbox"/>	

Services Not Directly Provided – Please check the box for all services provided to program participants by partner agencies:

<input type="checkbox"/>	Rental Assistance	<input type="checkbox"/>	Utility Assistance	<input type="checkbox"/>	Housing Counseling
<input type="checkbox"/>	Financial Management	<input type="checkbox"/>	Counseling/Advocacy	<input type="checkbox"/>	Legal Assistance
<input type="checkbox"/>	Outreach	<input type="checkbox"/>	Medical/Dental Services	<input type="checkbox"/>	Law Enforcement Services
<input type="checkbox"/>	Case Management	<input type="checkbox"/>	Life Skills Training	<input type="checkbox"/>	Substance Abuse Counseling/Treatment
<input type="checkbox"/>	Mental Health Counseling/Treatment	<input type="checkbox"/>	HIV/AIDS Support	<input type="checkbox"/>	Education
<input type="checkbox"/>	Employment	<input type="checkbox"/>	Childcare	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Domestic Violence Services	<input type="checkbox"/>	Housing Location/Placement	<input type="checkbox"/>	Benefits Assistance
<input type="checkbox"/>	Soup Kitchen/Food	<input type="checkbox"/>	Prescription Assistance	<input type="checkbox"/>	Mortgage Assistance
<input type="checkbox"/>	Other	<input type="checkbox"/>		<input type="checkbox"/>	

Please provide a narrative of no more than 2 pages describing how services are provided to program participants and in coordination with partner agencies. Narrative should include:

- Description of level of interagency involvement with other community agencies. List should indicate level of partnership (formal agreement, informal agreement, referral agency)
- Description of how participants are connected with partner agencies
- Frequency of services
- Process for developing/revising service plan
- Describe how services are coordinated
- Describe level of CoC and homeless planning attendance and participation of both applicant agency as well as partner agencies
- Explain the process the agency follows when a person is referred that is ineligible for the program

C. Staff Training and Continuing Education

Please provide a narrative of no more than 1 page describing staff capacity and ability to provide the services for the project. Narratives should include:

- Level of staff training
- Information on the continuing education requirements of the staff to ensure ability to adequately serve clients

D. Project Leveraging

A. Type of Contribution	B. Source of Contribution	C. Value of Commitment
<i>Example: Child Care</i>	<i>Agency Name</i>	<i>\$10,000</i>
Total:		

E. Project Budget

d. Proposed HUD Activities	A. HUD Request	B. Cash Match	C. Other funding sources (amount and source)	D. Total Budget (A + B + C)
1. Acquisition				
2. Rehabilitation				
3. New Construction				
4. Subtotal (Lines 1 through 3)				
5. Real Property Leasing				

6. Rental Assistance				
7. Supportive Services				
8. Operations				
9. HUD Request (Subtotal lines 4 through 8)		Total Cash Match	Total Funding from other sources	Total Budget (HUD Request + Cash Match + Other Sources)
10. Administrative Costs (Up to 7% of line 9)				
11. Total HUD Request (Total lines 9 and 10)				

Rental Assistance/Leasing Budget Details

Type of Housing Assistance:

- Leasing
 Tenant Based Rental Assistance
 Sponsor Based Rental Assistance
 Project Based Rental Assistance

Rental Assistance/Leasing Budget				
Size of Unit	Number of Units	FMR	Number of Months	Total
SRO	X	X	=	\$
0 Bedroom	X	X	=	\$
1 Bedroom	X	X	=	\$
2 Bedroom	X	X	=	\$
3 Bedroom	X	X	=	\$
4 Bedroom	X	X	=	\$
5 Bedroom	X	X	=	\$
6 Bedroom	X	X	=	\$
Other:	X	X	=	\$
Totals				\$

F. Program Performance

1. Provide the following for the last 4 program funds drawdowns from the LOCCS system:

Date of drawdown:	Amount of Drawdown:
1.	
2.	
3.	
4.	

2. Fill out the following table based on the amount of funding provided by HUD through the LOCCS system for the last three completed operating years:

Operating Year:	Amount funded by HUD for year	Total amount drawn down from HUD through LOCCS for the year

2a. Describe the reason for any funding not drawn down throughout the operating years presented above.

3. Please attach the submission summary page of the most recent APR submitted in esnaps as well as the operating year of the most recent submission.

4. Please provide the following information from the most recent completed APR for your program.

- Operating Year of Program: _____
- Number of households served: _____
- Number households exiting program: _____
- Average daily utilization rate of the program: _____
- Number of households with earned income: _____
- Number of households connected to mainstream benefits: _____
- Number of households in permanent housing longer than 6 months: _____
- Number of households that moved into permanent housing after discharge: _____
- Please complete the following data quality table:

Data Element	Number of Don't Know or Refused	Number that are Missing Data
First Name		
Last Name		
Social Security Number		
Date of Birth		
Race		
Ethnicity		
Gender		
Veteran Status		
Disabling Condition		

Residence Prior to Entry		
Zip of Last Permanent Address		
Housing Status (at entry)		
Income (at entry)		
Income (at exit)		
Non-Cash Benefits (at entry)		
Non-Cash Benefits (at exit)		
Physical Disability (at entry)		
Developmental Disability (at entry)		
Chronic Health Condition (at entry)		
HIV/AIDS (at entry)		
Mental Health (at entry)		
Substance Abuse (at entry)		
Domestic Violence (at entry)		
Destination		

Please provide an explanation for any performance piece you feel needs additional information.

**Southern NJ Continuum of Care
New Project Application
2013 NOFA**

Deadline: January, 21, 2014 @ 2pm to Jamie DiFrancesco at jdifrancesco@cpachvi.org

This funding will be used only for projects that include permanent housing
and
serves consumers in all three counties under the SNJCoC in the amount of **\$86,215**

Agency & Project Information

Applicant Name	
Sponsor Name	
Project Name	
Project Location (physical location of the project, if scattered site write "scattered site")	
HUD Component Type (PH)	
Total HUD request	
DUNS Number	
Active SAMS Number	(Please Check One)

Contact Information

Agency representative completing application	
Job Title	
Email Address	
Mailing Address	
Telephone Number	
Agency representative authorized to sign grant documents	
Job Title	
Email Address	
Telephone Number	

A. Program Description/Impact

Please provide a narrative of no more than 2 pages describing your proposed project. The narrative should include the following information:

- Program purpose
- Population serving and need (including how you will outreach for participants)
- Program goals (short term and long term)
- How does your program fill an unmet permanent housing need in the area (please include the source of your information on the specific unmet need)
- Does this program set aside beds for the chronically homeless?

B. Agency Experience

Please provide a narrative of no more than 2 pages describing the experience of the applicant agency as well as any partner agencies in administering a similar program type or other HUD funded program. The narrative should include:

- Experience of agencies working with HUD and completing necessary reporting requirements
- Ability of agencies to enter information into HMIS
- Capacity of agencies to administer funds and provide designated services to clients

C. Services and Community Coordination

Please provide a narrative of no more than 2 pages describing how services are provided to program participants and in coordination with partner agencies. Narrative should include:

- Description of level of interagency involvement with other community agencies. List should indicate level of partnership (formal agreement, informal agreement, referral agency)
- Description of how participants are connected with partner agencies
- Frequency of services
- Process for developing/revising service plan
- Describe how services are coordinated
- Describe level of CoC and homeless planning attendance and participation of both applicant agency as well as partner agencies
- Explain the process the agency follows when a person is referred that is ineligible for the program

D. Staff Training and Continuing Education

Please provide a narrative of no more than 1 page describing staff capacity and ability to provide the services for the proposed project. Narratives should include:

- Level of staff training
- Information on the continuing education of the staff to ensure ability to adequately serve clients

E. Project Leveraging

A. Type of Contribution	B. Source of Contribution	C. Value of Commitment
<i>Example: Child Care</i>	<i>Agency Name</i>	<i>\$10,000</i>
Total:		

F. Project Budget

d. Proposed HUD Activities	A. HUD Request	B. Cash Match	C. Other funding sources (amount and source)	D. Total Budget (A + B + C)
1. Acquisition				
2. Rehabilitation				
3. New Construction				
4. Subtotal (Lines 1 through 3)				
5. Real Property Leasing				
6. Rental Assistance				
7. Supportive Services	NA	NA	NA	NA
8. Operations				
9. HUD Request (Subtotal lines 4 through 8)		Total Cash Match	Total Funding from other sources	Total Budget (HUD Request + Cash Match + Other Sources)
10. Administrative Costs (Up to 7% of line 9)				
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5 Bedroom	X	X	=	\$
6 Bedroom	X	X	=	\$
Other:	X	X	=	\$
Totals				\$



2013 HUD NOFA: Renewals & New Projects of the SNJCoC

Agency	Proposed Program – Type (TH, PH PSH, SSO)	County	Amount Requested	Renewal or New Project	Recommend	Notes	Follow -Up
Camden County Council on Economic Opportunity, Inc.	OMAR Renewal – PH	Camden	\$121,602	R	Y or N C	~Letter from HUD regarding PH Status ~Who exactly performs case mngt? ~Ratio of clients to case managers?	- Provided request Letter to HUD
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Camden County Council on Economic Opportunity, Inc.	Aletha Wright/ Liberty Place Renewal - PH	Camden	\$166,632	R	Y or N C	~Letter from HUD regarding PH Status ~Who exactly performs case mngt? ~Ratio of clients to case managers?	Same as Above
Center for Family Services (CFS)	Home Base Supportive Programs – PH	Camden	\$61,100	R	Y or N C	~Letter from HUD regarding PH Status	No response yet
Center for Family Services (CFS)	CFS Tanyard Oaks 1 & 2 – PH	Gloucester	\$57,168	R	Y or N C	~Letter from HUD regarding PH Status ~Where did \$ for services come from?	No response yet
Center for Family Services (CFS)	Transitional Housing - Mother & Child – PH	Gloucester	\$34,881	R	Y or N C		No response yet

Center for Family Services (CFS)	Permanent Housing - Mother & Child – PH	Gloucester	\$91,967	R	Y or N C	~Letter from HUD regarding PH Status	No response yet
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Center for Family Services (CFS)	Victims of Domestic Violence Cumberland SHP (3 Year Term)	Cumberland	\$210,370	R	Y or N C	~Letter from HUD regarding PH Status ~Has this program begun yet?	No response yet
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Collaborative Support Programs of NJ	Camden Samaritan S+C -	Camden	\$61,555	R	Y or N C	~ Where does \$ for services come from?	Same as above
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Community Planning & Advocacy Council – CPAC	Camden Housing First 2011 - PSH	Camden	\$526,455	R	Y or N C		N
Community Planning & Advocacy Council – CPAC	Camden Housing First Collaborative 2011 - SHP	Camden	\$162,000	R	Y or N C		N

Community Planning & Advocacy Council – CPAC	Camden Housing First 2012 - PH	Camden	\$373,507	R	Y or N C		N
Community Planning & Advocacy Council – CPAC	Camden Housing First Bonus 2011 – PSH	Camden	\$131,356	R	Y or N C		N
Interfaith Homeless Outreach Council- IHOC	Homeless Programs - TH	Camden	\$10,000	R	Y or N C	~ Budget Issues: they appeared to ask for \$10,000 but only need about \$6,800	No response yet
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South Jersey Behavioral Health Resources	COSTAR- SSO	Camden	\$21,873	R	Y or N C	~Tier 2 :Not housing related ~ Small part of total budget	N
Volunteers of America	Camden County Supportive Housing- TH	Camden	\$86,500	R	Y or N C		N
Volunteers of America	Eleanor Corbett House Safe Haven- TH	Gloucester	\$87,573	R	Y or N C		N
Volunteers of America	North Camden Supportive Housing - PH	Camden	\$330,449	R	Y or N C	~ Letter from HUD regarding PH Status ~Where does match come from?	No response yet

Amount Requested: (Pending Responses)

Amount Available*: Unknown

Difference: Unknown

**2013 Southern NJ Continuum of Care
New Application
Rank and Review Tool**

Scoring Category	Possible Points	Reviewer Score
Project Type	15	
Permanent Housing (15pts)		
Transitional Housing (10pts)		
Supportive Services Only (5pts)		
A) Program Impact	20	
B) Agency Experience	15	
C) Services Provided	15	
C) Community Coordination	20	
D) Staff Training and Continuing Education	10	
E) Project Leveraging	15	
50% (5pts)		
100% (10pts)		
150% (15pts)		
F) Project Budget	10	
Total Score	120	
Total Percentage	100%	

**Southern NJ Continuum of Care
2013 NOFA**

Agency & Project Information

Applicant Name	
Sponsor Name	
Project Name	
HMIS Project Name	
Project Location (physical location of the project, if scattered site write "scattered site")	
HUD Grant Number (grant number for most recent HUD contract year)	
HUD Component Type (PH, PSH, TH, SSO)	
Total HUD request (this amount should be equal to or less than previous year's award)	

Contact Information

Agency representative completing application	
Job Title	
Email Address	
Mailing Address	
Telephone Number	
Agency representative authorized to sign grant documents	
Job Title	
Email Address	
Telephone Number	

A. Program Description/Impact

Please attach a narrative of no more than 2 pages of your project. The narrative should include the following information:

- Population served and need
- Program purpose
- Program goals (short term and long term)
- How your program fills an unmet need in the community (please include the source of your information on the specific unmet need)

B. Services and Community Coordination

Services Directly Provided - check the box for all services provided to clients by agency:

<input type="checkbox"/>	Rental Assistance	<input type="checkbox"/>	Utility Assistance	<input type="checkbox"/>	Housing Counseling
<input type="checkbox"/>	Financial Management	<input type="checkbox"/>	Counseling/Advocacy	<input type="checkbox"/>	Legal Assistance
<input type="checkbox"/>	Outreach	<input type="checkbox"/>	Medical/Dental Services	<input type="checkbox"/>	Law Enforcement Services
<input type="checkbox"/>	Case Management	<input type="checkbox"/>	Life Skills Training	<input type="checkbox"/>	Substance Abuse Counseling/Treatment
<input type="checkbox"/>	Mental Health Counseling/Treatment	<input type="checkbox"/>	HIV/AIDS Support	<input type="checkbox"/>	Education
<input type="checkbox"/>	Employment	<input type="checkbox"/>	Childcare	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Domestic Violence Services	<input type="checkbox"/>	Housing Location/Placement	<input type="checkbox"/>	Benefits Assistance
<input type="checkbox"/>	Soup Kitchen/Food	<input type="checkbox"/>	Prescription Assistance	<input type="checkbox"/>	Mortgage Assistance
<input type="checkbox"/>	Other	<input type="checkbox"/>		<input type="checkbox"/>	

Services Not Directly Provided – Please check the box for all services provided to program participants by partner agencies:

<input type="checkbox"/>	Rental Assistance	<input type="checkbox"/>	Utility Assistance	<input type="checkbox"/>	Housing Counseling
<input type="checkbox"/>	Financial Management	<input type="checkbox"/>	Counseling/Advocacy	<input type="checkbox"/>	Legal Assistance
<input type="checkbox"/>	Outreach	<input type="checkbox"/>	Medical/Dental Services	<input type="checkbox"/>	Law Enforcement Services
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<input type="checkbox"/>	Employment	<input type="checkbox"/>	Childcare	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Domestic Violence Services	<input type="checkbox"/>	Housing Location/Placement	<input type="checkbox"/>	Benefits Assistance
<input type="checkbox"/>	Soup Kitchen/Food	<input type="checkbox"/>	Prescription Assistance	<input type="checkbox"/>	Mortgage Assistance
<input type="checkbox"/>	Other	<input type="checkbox"/>		<input type="checkbox"/>	

Please provide a narrative of no more than 2 pages describing how services are provided to program participants and in coordination with partner agencies. Narrative should include:

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A. Type of Contribution	B. Source of Contribution	C. Value of Commitment
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Total:		

E. Project Budget

d. Proposed HUD Activities	A. HUD Request	B. Cash Match	C. Other funding sources (amount and source)	D. Total Budget (A + B + C)
1. Acquisition				
2. Rehabilitation				
3. New Construction				
4. Subtotal (Lines 1 through 3)				
5. Real Property Leasing				

6. Rental Assistance				
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10. Administrative Costs (Up to 7% of line 9)				
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Type of Housing Assistance:

- Leasing
 Tenant Based Rental Assistance
 Sponsor Based Rental Assistance
 Project Based Rental Assistance

Rental Assistance/Leasing Budget				
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Other:	X	X	=	\$
Totals				\$

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1. Provide the following for the last 4 program funds drawdowns from the LOCCS system:

Date of drawdown:	Amount of Drawdown:
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2. Fill out the following table based on the amount of funding provided by HUD through the LOCCS system for the last three completed operating years:

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Last Name		
Social Security Number		
Date of Birth		
Race		
Ethnicity		
Gender		
Veteran Status		
Disabling Condition		

Residence Prior to Entry		
Zip of Last Permanent Address		
Housing Status (at entry)		
Income (at entry)		
Income (at exit)		
Non-Cash Benefits (at entry)		
Non-Cash Benefits (at exit)		
Physical Disability (at entry)		
Developmental Disability (at entry)		
Chronic Health Condition (at entry)		
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Project Name	
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Applicant Name	Project Name	CoC approved amount
Community Planning and Advocacy Council	Camden Housing First 2012	\$ 354,830
Community Planning and Advocacy Council	HNPC Housing Outreach	\$ 9,419
New Jersey Housing and Mortgage Finance Agency	Camden Shelter Plus Care Program	\$ 281,192
Interfaith Homeless Outreach Council	Homeless Programs	\$ 6,465
NJ HMFA	Camden HMIS FY2012	\$ 42,777
Volunteers of America Delaware Valley Inc	Camden County Supportive Housing	\$ 82,175
Center For Family Services, Inc.	Home Base Supportive Apartments	\$ 58,045
Camden County Council On Economic Opportunity, Inc.	OMAR Renewal 2012	\$ 115,522
Camden County Council On Economic Opportunity, Inc.	Imani Renewal 2012	\$ 121,687
Camden County Council On Economic Opportunity, Inc.	A Wright/Liberty Place Renewal 2012	\$ 158,300
Collaborative Support Programs of New Jersey	Camden Samaritan S+C (CSP)	\$ 58,477
Collaborative Support Programs of New Jersey	Camden Housing First (CSP)	\$ 58,477
Community Planning and Advocacy Council	Camden Housing First 2011	\$ 500,132
Community Planning and Advocacy Council	Camden Housing First Bonus 2011	\$ 124,788
Community Planning and Advocacy Council	Camden Housing First Collaborative 2011	\$ 153,900
NJ HMFA	Cumberland HMIS FY2012	\$ 1,898
Center For Family Services, Inc.	CFS Victims of Domestic Violence Cumberland SHP	\$ 34,430
Collaborative Support Programs of New Jersey PHA NJ880	Cumberland Shelter Plus Care	\$ 53,061
Volunteers of America Delaware Valley Inc	Eleanor Corbett House Safe Haven	\$ 83,194
NJ HMFA	Gloucester HMIS FY2012	\$ 2,850
NJ Department of Community Affairs	Shelter Plus Care-Gloucester	\$ 97,638
Center For Family Services, Inc.	CFS Tanyard Oaks 1& 2	\$ 53,166
Center For Family Services, Inc.	Mother Child Transitional Housing	\$ 33,137
Center For Family Services, Inc.	Mother Child Permanent Housing	\$ 87,369
Center For Family Services, Inc.	CFS Victims of Domestic Violence	\$ 29,688
Community Planning and Advocacy Council	FY2013 Planning Grant - Southern NJ CoC	\$ 43,532
Collaborative Support Programs of New Jersey	Camden CSPNJ 2013 Permanent Housing	\$ 83,498
Total		\$ 2,729,647

Reallocated Projects

South Jersey Behavioral Health Resources, Inc.	COSTAR	\$ 21,873
Project H.O.P.E.	Project H.O.P.E.	\$ 55,795
Center For Family Services, Inc.	CFS Permanent Housing	\$ 15,595
		\$ 93,263

renewal demand	\$	2,876,173.00
5% reduction	\$	143,808.65
tier 1	\$	2,732,364.35
planning	\$	43,532.00
Tier 2	\$	187,340.65
max funding	\$	2,919,705.00



2013 HUD NOFA: Renewals & New Projects of the SNJCoC

Agency	Proposed Program – Type (TH, PH PSH, SSO)	County	Amount Requested	Renewal or New Project	Recommend	Notes	Follow -Up
Camden County Council on Economic Opportunity, Inc.	OMAR Renewal – PH	Camden	\$121,602	R	Y or N C	~Letter from HUD regarding PH Status ~Who exactly performs case mngt? ~Ratio of clients to case managers?	- Provided request Letter to HUD
Camden County Council on Economic Opportunity, Inc.	Imani Renewal – PH	Camden	\$128,092	R	Y or N C	~Letter from HUD regarding PH Status ~Who exactly performs case mngt? ~Ratio of clients to case managers?	Same as Above
Camden County Council on Economic Opportunity, Inc.	Aletha Wright/ Liberty Place Renewal - PH	Camden	\$166,632	R	Y or N C	~Letter from HUD regarding PH Status ~Who exactly performs case mngt? ~Ratio of clients to case managers?	Same as Above
Center for Family Services (CFS)	Home Base Supportive Programs – PH	Camden	\$61,100	R	Y or N C	~Letter from HUD regarding PH Status	No response yet
Center for Family Services (CFS)	CFS Tanyard Oaks 1 & 2 – PH	Gloucester	\$57,168	R	Y or N C	~Letter from HUD regarding PH Status ~Where did \$ for services come from?	No response yet
Center for Family Services (CFS)	Transitional Housing - Mother & Child – PH	Gloucester	\$34,881	R	Y or N C		No response yet

Center for Family Services (CFS)	Permanent Housing - Mother & Child – PH	Gloucester	\$91,967	R	Y or N C	~Letter from HUD regarding PH Status	No response yet
Center for Family Services (CFS)	Victims of Domestic Violence – PH	Gloucester	\$31,250	R	Y or N C	~Letter from HUD regarding PH Status ~Has this program begun yet?	No response yet
Center for Family Services (CFS)	Victims of Domestic Violence Cumberland SHP (3 Year Term)	Cumberland	\$210,370	R	Y or N C	~Letter from HUD regarding PH Status ~Has this program begun yet?	No response yet
Center for Family Services (CFS)	Domestic Violence Cumberland CoC – PH	Cumberland	\$33,864	R	Y or N C	~Letter from HUD regarding PH Status	No response yet
Collaborative Support Programs of NJ	Cumberland Shelter Plus Care - PH	Cumberland	\$55,854	R	Y or N C	~ Where does \$ for services come from?	NJ Div. of Mental Health & Addiction Services
Collaborative Support Programs of NJ	Camden Samaritan S+C -	Camden	\$61,555	R	Y or N C	~ Where does \$ for services come from?	Same as above
Collaborative Support Programs of NJ	Camden Housing First - PH	Camden	\$61,555	R	Y or N C	~ Where does \$ for services come from?	Same as above
Community Planning & Advocacy Council – CPAC	HNPC Housing Outreach - PH	Camden	\$9,915	R	Y or N C		N
Community Planning & Advocacy Council – CPAC	Camden Housing First 2011 - PSH	Camden	\$526,455	R	Y or N C		N
Community Planning & Advocacy Council – CPAC	Camden Housing First Collaborative 2011 - SHP	Camden	\$162,000	R	Y or N C		N

Community Planning & Advocacy Council – CPAC	Camden Housing First 2012 - PH	Camden	\$373,507	R	Y or N C		N
Community Planning & Advocacy Council – CPAC	Camden Housing First Bonus 2011 – PSH	Camden	\$131,356	R	Y or N C		N
Interfaith Homeless Outreach Council- IHOC	Homeless Programs - TH	Camden	\$10,000	R	Y or N C	~ Budget Issues: they appeared to ask for \$10,000 but only need about \$6,800	No response yet
NJ Dept. of Community Affairs	Shelter Plus Care – Gloucester - PSH	Gloucester	\$101,179.2	R	Y or N C	~Budget related questions (not serious, recommended for funding)	N
NJ Housing & Mortgage Finance Agency	Camden Shelter Plus Care Program- PSH	Camden	\$295,992	R	Y or N C	~ Letter from HUD regarding PH Status ~Some other budget issues	N
Project H.O.P.E.	Project H.O.P.E. - SSO	Camden	\$55,975	R	Y or N C	~Tier 2 :Not housing related (outreach) ~ Clearly this agency would still exist if not funded here	N
South Jersey Behavioral Health Resources	COSTAR- SSO	Camden	\$21,873	R	Y or N C	~Tier 2 :Not housing related ~ Small part of total budget	N
Volunteers of America	Camden County Supportive Housing- TH	Camden	\$86,500	R	Y or N C		N
Volunteers of America	Eleanor Corbett House Safe Haven- TH	Gloucester	\$87,573	R	Y or N C		N
Volunteers of America	North Camden Supportive Housing - PH	Camden	\$330,449	R	Y or N C	~ Letter from HUD regarding PH Status ~Where does match come from?	No response yet

Amount Requested: (Pending Responses)

Amount Available*: Unknown

Difference: Unknown

**2013 Southern NJ Continuum of Care
New Application
Rank and Review Tool**

Scoring Category	Possible Points	Reviewer Score
Project Type	15	
Permanent Housing (15pts)		
Transitional Housing (10pts)		
Supportive Services Only (5pts)		
A) Program Impact	20	
B) Agency Experience	15	
C) Services Provided	15	
C) Community Coordination	20	
D) Staff Training and Continuing Education	10	
E) Project Leveraging	15	
50% (5pts)		
100% (10pts)		
150% (15pts)		
F) Project Budget	10	
Total Score	120	
Total Percentage	100%	

**Southern NJ Continuum of Care
2013 NOFA**

Agency & Project Information

Applicant Name	
Sponsor Name	
Project Name	
HMIS Project Name	
Project Location (physical location of the project, if scattered site write "scattered site")	
HUD Grant Number (grant number for most recent HUD contract year)	
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Job Title	
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Please attach a narrative of no more than 2 pages of your project. The narrative should include the following information:

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- How your program fills an unmet need in the community (please include the source of your information on the specific unmet need)

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Services Directly Provided - check the box for all services provided to clients by agency:

<input type="checkbox"/>	Rental Assistance	<input type="checkbox"/>	Utility Assistance	<input type="checkbox"/>	Housing Counseling
<input type="checkbox"/>	Financial Management	<input type="checkbox"/>	Counseling/Advocacy	<input type="checkbox"/>	Legal Assistance
<input type="checkbox"/>	Outreach	<input type="checkbox"/>	Medical/Dental Services	<input type="checkbox"/>	Law Enforcement Services
<input type="checkbox"/>	Case Management	<input type="checkbox"/>	Life Skills Training	<input type="checkbox"/>	Substance Abuse Counseling/Treatment
<input type="checkbox"/>	Mental Health Counseling/Treatment	<input type="checkbox"/>	HIV/AIDS Support	<input type="checkbox"/>	Education
<input type="checkbox"/>	Employment	<input type="checkbox"/>	Childcare	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Domestic Violence Services	<input type="checkbox"/>	Housing Location/Placement	<input type="checkbox"/>	Benefits Assistance
<input type="checkbox"/>	Soup Kitchen/Food	<input type="checkbox"/>	Prescription Assistance	<input type="checkbox"/>	Mortgage Assistance
<input type="checkbox"/>	Other	<input type="checkbox"/>		<input type="checkbox"/>	

Services Not Directly Provided – Please check the box for all services provided to program participants by partner agencies:

<input type="checkbox"/>	Rental Assistance	<input type="checkbox"/>	Utility Assistance	<input type="checkbox"/>	Housing Counseling
<input type="checkbox"/>	Financial Management	<input type="checkbox"/>	Counseling/Advocacy	<input type="checkbox"/>	Legal Assistance
<input type="checkbox"/>	Outreach	<input type="checkbox"/>	Medical/Dental Services	<input type="checkbox"/>	Law Enforcement Services
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